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AN INTENSIVE TEAM APPROACH TO CRISIS
"INTERVENTION AND LIMITED
ROLE-ADJUSTMENT IN FAMILY COUNSELING

A Dissertation
Presented to
the Faculty of the
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Doctor of Religion

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CHAPTER I

THE PROBLEM AND DEFINITION OF TERMS USED

As the writer has attempted to apply different family counseling approaches in working with families, he has felt a need to compare these along with other psycho-therapeutic approaches and to draw out the best in each to discover a functional family therapy to be effectively used in a teamwork experience.

This study is directed towards the task of counseling with families as faced by ministers in their churches and by pastoral counselors serving in specialized ministries of counseling. However, an attempt will be made to develop this study in a manner which will be applicable by counselors and therapists from various professions. This is done because the concern of family counseling and mental health is shared by several professions and because of the possible benefits arising out of active collaboration between these different "therapeutic" backgrounds within a community. In other words, this suggested teamwork experience is intended to be of such a nature that it might also be utilized by persons involved in one or more of the other "helping professions" such as social work, probation work, clinical psychology, and psychiatry.

Both a theoretical and an empirical exploration will be attempted in regards to how the combined efforts of those in the above mentioned professions might be drawn together to counsel more capably with families. Such an approach is intended to serve both as a learning experience for the professional involved and as an intensified therapeutic agent in relating to families in a crisis and in doing limited role-adjustment family counseling.

1. THE PROBLEM

Statement of the Problem. It is the purpose of this study (1) to explore the work of the significant writers in the area of family counseling; (2) to explore most of the psychoanalytic and psychotherapeutic approaches, used in the treatment of individuals, for implications relevant to family counseling; (3) to develop with the support of this broad background, an intensive team approach to crisis and limited role-adjustment family counseling; (4) to develop and demonstrate this intensive team approach in counseling with a family experiencing a crisis and desiring limited role-adjustments to increase mutual need satisfactions; (5) to relate this approach to the unique problems of counseling with the poor and culturally deprived; (6) to explore the theological implications of this intensive team approach for the church and community.

Importance of This Study. The importance that this study might have is based on the crucial nature of the following needs and the degree to which it is relevant in assessing these needs and proposing an effective approach to meet them. These needs, which to a degree have been implied while outlining the above mentioned purposes, are as follows:

(1) The widespread need within local communities for more available and effective ways of treating families who are experiencing crises which may range from being easily resolved to relatively difficult to treat because of severe individual and family psychopathologies.

Regarding the availability and need of counseling, a nation-wide interview survey presented in Americans View Their Mental Health by Gurin, Veroff, and Feld indicates that:

Of more particular relevance in terms of social significance is that we also found evidence not only that there is a considerable expression of need for help but that in many cases this need is unfulfilled; many distressed people who are to some extent psychologically ready to go for help never actually go. Evidence of this comes from several sources. One is the 9 per cent of the sample who felt they had a problem that could have used help but who did not go for help, even though in many cases the problem apparently was not satisfactorily resolved. A second source is the demographic analysis pointing to the apparent influence of facilitating factors as well as psychological resistances in keeping a person from the actual decision to go for help. Thirdly, the analysis of the effect of availability, discussed in Chapter XIII, suggested that, although strong motivation for therapy can overcome the handicap of low availability

of resources, availability is a factor; some people in communities where resources are minimally available would probably have gone for help if they had lived in a community where resources were more accessible.

These unfulfilled needs, these people who have experienced problems and were psychologically accessible to help, yet who never reached a treatment resource, constitute a special social problem and responsibility, especially since the data presented in this study indicate that these unfulfilled needs may be greater in certain sub-groups.¹

The importance of effective crisis intervention is explored and emphasized by Gerald Caplan in his book Principles of Preventive Psychiatry.

. . . in many patients suffering from mental disorder, significant changes in personality development appear to have taken place during fairly short periods of crisis. These transitional points in their history have usually been characterized by acute psychological upset, lasting from about one to four or five weeks, which appear not to have been in themselves signs of mental disorder but rather the manifestations of adjustment and adaptation struggles in the face of a temporarily insoluble problem. Such problems have usually consisted of novel situations that the individual has not been able to handle quickly with his existing coping and defense mechanisms. The problems have been both serious and unavoidable, such as the death of a loved person; loss or change of a job; a threat to bodily integrity by illness, accident, or surgical operation; or change of role due to developmental or sociocultural transitions, such as going to college, getting married, and becoming a parent.

An examination of the history of psychiatric patients shows that, during certain of these crisis periods, the individual seems to have dealt with his problems in a maladjustive manner and to have emerged less healthy than he had been before the crisis. In such cases, the progression toward eventual mental illness seems to have accelerated during successive crisis periods. In other patients, although they,

¹Gerald Gurin, Joseph Veroff, and Sheila Feld, Americans View Their Mental Health (New York: Basic Books, 1960), pp. 402-403.

too, eventually became sick, their downward path seems to have been at times delayed by a successful adaptive experience during particular crises.²

What has been expressed in the above mentioned studies plus the high frequency to which clergymen are approached by individuals and families who are having difficulties, indicates the importance for a minister to be especially equipped to relate to those seeking help. Gurin, Veroff, and Feld indicate that of those seeking help for marriage, parenthood, and other personal problems, forty-two per cent consulted clergymen, twenty-nine per cent sought help from nonpsychiatric physicians, eighteen per cent consulted psychiatrists or psychologists, and ten per cent turned to social agencies or marriage clinics.³ Of those seeking help from ministers nearly six out of every ten persons are motivated by the pains of family conflict.⁴

(2) The need to draw together the existing theory and research in family counseling and psychotherapy to serve as a foundation in developing more effective ways of

²Gerald Caplan, Principles of Preventive Psychiatry (New York: Basic Books, 1964), p. 35.

³Gurin, op. cit., p. 307.

⁴Ibid., p. 309. Also compare to Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (New York: Abingdon Press, 1966), pp. 96-97.

interrupting family crises and effecting role-adjustments within families.

(3) The need to develop ways of increasing the counseling skills of those in the helping professions as part of their work in a community.

In the area of individual and family counseling, poor and undisciplined work done in isolation from others in the helping professions is seemingly tolerated and overlooked. However, the stakes are just as crucial and are just as much a matter of life and death as for a team of surgeons who, as a matter of common practice, pool their medical knowledge and skills in order to successfully perform an operation and save a life.⁵ Thus, there is a crucial need for professionals, as they counsel with individuals and families in a community, to take more seriously the values derived out of active consultation and teamwork.

Furthermore, considering the subjective and illusive nature of the area of treatment in counseling, as well as the subjective and limited aspects of the "therapeutic tools" of the counselor (including his own personality),

⁵Conceivable is the possibility of a team of surgeons saving a baby's or child's life to have him grow up in a family with an intense psychopathological disturbance to become another Lee Harvey Oswald, Richard Speck, or one of those who have committed mass murders recently.

the need is even more evident for counselors and psycho-therapists actively to consolidate their resources and skills in each community to more effectively help families in severe crises.

(4) The need to develop improved ways of counseling with poor and culturally deprived families.

That lower status groups get less psychiatric care would seem to represent a social problem. The extent of the problem, however, would depend partially on the emotional distress experienced in these groups and partially on the other means they utilize in dealing with it. It is less of a problem if those groups with lower utilization of psychiatric facilities experience less stress and meet their problems by a greater use of other formal resources or by an unusual use of internal coping resources or informal social ties.

These data have enabled us to explore this question to some extent. They indicate that--if anything--groups using psychiatric facilities less frequently experience more distress, less often make use of clergymen or physicians (as well as psychiatrists), and more often meet their problems with passivity and resignation rather than with active coping devices.⁶

(5) The need to speak theologically about the healing team-work of those in the helping professions and relate their work to the task of the church in the world. The importance of this for the church is expressed by Harvey Cox in his book The Secular City.⁷

Healing means making whole, restoring the integrity and mutuality of the parts. In order to be a healer

⁶Gurin, op. cit., pp. 403-404.

⁷Harvey Cox, The Secular City (New York: Macmillan, 1965).

the church needs to know the wounds of the city first-hand. It needs also to know where and how these abrasions are being healed, so that it can nourish the healing process. For the church itself has no power to heal. It merely accepts and purveys the healing forces which God, working with man, sets loose in the city.

What are the major cleavages in the age of the secular city? Where is healing going on? We cannot deduce answers to this question from the Bible or theology. We must depend on specialists in the study of urban life. Let us first locate the fissures.⁸

The church runs the risk of being grossly irrelevant in its "mission" to the degree that it isolates itself from the wounds of individuals, families, and groups of people. This also applies to the extent the church ignores the work of those seeking to heal these wounds.

Howard Clinebell in his book Basic Types of Pastoral Counseling, writes that the danger facing the church in every age is irrelevance to the ". . . deep needs of persons . . . where they hurt and hope, curse and pray, hunger for meaning and for significant relationships."⁹ He goes on to point out that the church's relevance to "the deep needs of persons" is the only relevance that really matters.

This is also highlighted by Paul Lehmann who expresses that what God is attempting to do in the world through man's role in response to Him is "making and

⁸Ibid., pp. 132-133.

⁹Clinebell, op. cit., p. 14.

keeping human life human . . ."¹⁰ Thus, a major task of theological inquiry is to help the church be more relevant to "the deep needs of persons" by "making and keeping human life human." Therefore, this means that theological reflection not only has the aim of scrutinizing and purifying the church's preaching and teaching but also its healing and koinoniac functions.

II. DEFINITION OF TERMS

Family Counseling. This term will be broadly used in this study to refer to the overall counseling process with one or both parents and their children above approximately age eight and living in the family unit. Relatives or other significant persons living in the same household with the family and involved in the family pathology may be included.

Within the family counseling process there may be a mixture of sessions with individual family members, with the father and mother together in marriage counseling sessions, and with the family together as a unit.

Family counseling will therefore refer to the total counseling process involving a particular family. Within the overall family counseling process, the term "family

¹⁰Cox, op. cit., p. 255, quoting Paul Lehmann, Ethics is a Christian Context (New York: Harper & Row, 1963), p. 167.

"session" will be used to refer to the experience of one or more counselors seeing the entire family together.

"Individual session" will be the term used when a counselor sees one family member, and "marriage counseling session" will be used when a husband and wife are seen together separate from the rest of the family.

The distinguishing feature of the overall family counseling process is the focus on the family pathology and its resolution or limited adjustment in terms of role-relationships. Rather than just focusing on the pathology of one family member or the disturbance within the marriage relationship, these points of contact and reference are placed together in the context of the more pervasive and intrically interbalanced family pathology.

Crisis. To define this term for the purposes of this study, the writer will present the four characteristic phases which psychiatrist Gerald Caplan has exposed as being involved in the development of a personal crisis. These four phases may also be related to the framework of the family group and their problem solving ability.

(1) The problem or stimulus causes tension in the life of the person which mobilizes his habitual problem-solving responses. This can be expanded to say that the problem which a family encounters mobilizes its habitual problem-solving responses. The problem may be more

exclusively related to one individual or it may directly involve the family system. If the problem solving ability of one individual breaks down in meeting a problem, then the problem-solving resources of the family unit usually become mobilized.

(2) Failure of the individual's responses to solve the problem and the continuing unmet need to resolve it, produce inner disturbances such as feelings of anxiety, guilt, and ineffectuality. Such a person also experiences disorganization in functioning to some degree or another. The individual's failure tends to increase transference distortions within the family system and increased anxiety, ineffectuality and disorganization of functioning in family relationships.

(3) As the tension of a seemingly insolvable problem passes a certain threshold which varies in each person (and family), it becomes a powerful stimulus to the mobilization of additional crisis-meeting resources.

The individual calls on his reserves of strength and of emergency problem-solving mechanisms. He uses novel methods to attack the problem. . . . He may gradually define the problem in a new way, so that it comes within the range of previous experience. Aspects of the problem which were neglected may now be brought into awareness, with the consequent linking with capacities and accessory problem-solving techniques which were previously neglected as irrelevant. . . . There may be active resignation and giving up of certain aspects or goals as unattainable. He may explore by trial and error, either in action or in abstract thought, which

avenues are open and which closed.¹⁰

The seeking of counseling may be one of the new and "novel methods to attack the problem" which an individual or family may utilize.

(4) The tension and the unmet need mount if the problem is not resolved. Tension may increase until another threshold is reached--"the breaking point where major personality disorganization (mental illness) occurs." Within the family structure the mental illness or "acting out" may be the expression (and symptom) of the unresolved family disturbance or crisis.

In some families the immediate crisis may have behind it a long history of failures in solving individual and family unit crises.

Thus, Caplan defines crisis in terms of the failure of an individual when confronted by a problem to be able to mobilize his usual problem-solving activities; or if he does mobilize them, he finds that they are ineffective in relationship to the size and nature of the problem. For the purpose of this paper, crisis will be expanded to also speak of the failure or ineffectiveness of a family's problem-solving resources and the immediate disturbance which ensues, involving the family system.¹¹

¹⁰Caplan, op. cit., pp. 40-41.

¹¹The nature of individual and family crises will be explored in further detail in another section of this study.

Limited Role-Adjustment. The term "role-adjustment" will be used to refer to the altering of relationships or roles between family members to enable them to mutually satisfy the needs of each other to an increasing degree. "Limited" as used in this study refers to the use of supportive and insight counseling methods to effect role-adjustments without going into unconscious transference distortions at a depth level and as the central objective. An approach in the treatment of families in which unconscious material is the primary concern would best be distinguished by the term "depth family therapy" or "psychoanalytic family therapy."

A "role" is an interpersonal relationship within a social system like the family, consisting of an actor or ego, and a social object or alter-ego.¹²

Team Approach. This term refers to the collaboration of two or more counselors and their active involvement together as a "therapeutic agent" in the counseling experience with a family.

The team as proposed by this study will in most instances have one counselor for every family member. A recommended procedure in some families might be the use of one counselor with the husband and wife and one with

¹²Cf. Talcott Parsons, The Social System (Glencoe: Free Press, 1951).

each child. However, the use of more than one counselor with all families is not seen as a necessary procedure. For example to use one counselor for every family member in a relatively minor crisis situation within a family that has been functioning well in the past would be a waste of professional time and skill. Thus the intent of the team, as suggested in this study, is to be a ready resource in a community to relate effectively to those families experiencing difficult crises and having severe psychopathologies which are beyond the skill and effective treatment ability of one counselor. A hopeful outcome of a counselor's involvement in a team relationship would be an expansion of his counseling ability in doing individual, marriage, and family counseling. This may therefore make it unnecessary for a counselor to call for the assistance of a team in as many situations.

The team may usually be entirely composed of those in a similar profession. However, this approach would seem to be most creative to the extent that professionals from various backgrounds will join together in pooling their unique viewpoints and resources.¹³

The team approach developed in this study is especially proposed as a means of helping those in the

¹³Ivan Boszormenyi-Nagy and James L. Framo, Intensive Family Therapy (New York: Harper & Row, 1965), p. 137.

community who do considerable counseling in their work but have not had the extensive preparation experienced by psychiatrists, clinical psychologists and some social workers. This would especially involve clergymen, social workers, probation workers, and possibly some school counselors and/or psychologists. This is necessitated because these professions are actively involved at the "grass root" level in a community and readily come into contact with crisis situations of families with varying degrees of psychopathology. Their skill in recognizing and handling or making an effective referral is most crucial for the primary prevention of mental illness.¹⁴

Intensive. This term is used as an adjective to express the quality of the relationship between the team and the family. An intensive team relationship is distinguished by its ability and power to assist in resolving a family crisis and in effecting adjustments in family role-relationships. The intensity of a team's relationship to different families may vary depending upon the objectives of the team, their ability to establish an intensive relationship, and a family's receptiveness to an intensive team relationship.¹⁵

¹⁴Cf., to Caplan, op. cit., Part I.

¹⁵Further information of the nature of an intensive team relationship to a family may be found in Chapter V of this study.

Counselor. The term "counselor" will be used to refer to those who see as their main objective the handling of predominantly conscious material (counseling) to effect the resolution of crisis situations and the adjustment of family role-relationships to increase mutual need satisfactions. The terms "therapist," "psychotherapist," and "psychoanalyst" will generally be used to refer to professionals who focus on unconscious material. Thus, frequently this term will be used collectively to refer to any professional doing counseling, whether he be a minister, social worker, psychologist, etc.

III. ORGANIZATION OF REMAINDER OF THIS STUDY

First of all, as a step in developing a foundation for an intensive team approach, some of the major family counseling and psychotherapeutic approaches will be explored. After this, the nature of individual crises and family crises will be analyzed and compared. Next, the theoretical development for the intensive team approach will be stated. This will be followed by a case study and an evaluation of this approach being used with a family. The concluding section will be an exploration of the theological implications of this approach within the church and community.

CHAPTER II

REVIEW AND EXPLORATION OF LITERATURE ON FAMILY COUNSELING AND PSYCHOTHERAPY

The existing family counseling approaches can be broken into three general groupings according to methodology and counseling theory. These are:

(1) Those who counsel the whole family together in every session with the exception of some approaches who see various family members in the first one or two sessions for diagnostic purposes. This is represented by the family counseling methods proposed by Virginia Satir, John Bell, and Nathan Ackerman.

(2) Those who counsel with individual family members as the counselor may decide. This approach to family counseling is represented by Martin Grotjahn and Charles Stewart.

(3) Team approaches involving two or more counselors.

I. THOSE WHO COUNSEL THE WHOLE FAMILY TOGETHER

Virginia Satir's conjoint family therapy has as its basis the rationale that the parents are the architects of the family.¹ The marital pair are the axis around which

¹See Virginia M. Satir, Conjoint Family Therapy, A Guide to Theory and Technique (Palo Alto, Calif.: Science

the family develops and relates. If a painful problem develops in one of the members (the identified patient) of the family, it is a symptom of the pained marital relationship. She substantiates her reasons for treating the whole family by pointing out the involvement the family has in the identified patient's sickness, evidenced in experiences of having families sabotage a patient's treatment. She also indicates that the therapist can more easily see the other problems of the identified patient and how they have been produced, if the family is seen together. Another reason is that she finds it easier to involve other members in family therapy than in individual therapy. She sees this as especially true for the father of the family who she feels is most important to the treatment of the identified patient.

Virginia Satir has as her goals of family therapy: increasing communication between family members, increasing self-esteem, and increasing the functional congruency of family members.

She begins with the married couple for the first two sessions, and then brings in the children or she may have the whole family in right from the beginning, including grandparents or other relatives if they live with the family.

and Behavior Books, 1964).

During the first two sessions an extensive family history is taken with the childhood of the parents included down to the present family situation. She looks for family patterns and differences in reports. This launches them into therapy.

Virginia Satir emphasizes the need for the counselor to be in control and sees the taking of the family history as a time when this control is gained. This is done by the active direction of the counselor during the history taking process. By the counselor gaining control, the family is relieved of the tense involvement with each other.

In general, Satir sees the therapist's role as an example and teacher of communication who is always in control of the counseling situation. In this capacity she helps the family members see their differences and learn how to handle them differently. This involves their understanding their different roles and functions, and how they through communication can adapt themselves into congruent and functional roles.

John Bell, like Virginia Satir, sees the family as a unit or interrelated organism which needs to be treated. The disturbed child is an indication of a disturbed family. He also emphasizes the need to increase communication, the necessity for family members to be aware of the roles they play, and the need to alter these roles to actuate more

satisfying family experiences. His emphasis on awareness of the unity and interdependence of family life is comparable to Satir's aim of family congruence and the need for each family member being functional.²

In the experience of John Bell, family therapy tends to move through six stages. The first stage of family counseling consists of an orientation phase of two sessions, one with the parents and another with the family together with the children over eight included. In the first interview with the parents he takes a short case history, orients them to family therapy, states that he will remain somewhat an outsider, and declares that he will serve as a referee who will see that everyone gets a chance to speak. Furthermore, he asks that the parents refrain from commenting on what the children say at first even though it seems unjustifiable, and, as much as possible, give in to the children's normal demands at home. He assures them that he will not take over the family and that the decisions belong to the parents.

The second stage of treatment evolves into a child-centered phase. "During this period the child is held in the center of the family group, and he is given the chance to air his complaints and to suggest the changes in

²For a more complete explanation of Bell's family counseling method see John Elderkin Bell, Family Group Therapy (Washington: Government Printing Office, 1961).

family procedure that he would regard as desirable."³

The third stage of parent-child interaction emerges next. The dimensions of the parent-child relationships are examined, especially involving much of the "previously unverbalized emotion associated with the ways in which children experience the parent and vice versa."⁴

In the fourth stage the focus of therapy shifts to the father-mother interaction. Toward the later stages of counseling the parents begin to discuss their own emotional relationships and problems openly in the presence of the children.⁵

Emphasis shifts to the sibling interaction (fifth stage) as the parents approach the resolution of their difficulties. Subjected to examination are the relationships between the children in the family.⁶

The final and sixth stage is called the family-centered phase which gives evidence of two forms of family functioning; "family activity in which all members of the group participate according to the commonly accepted and generally approved roles for each; and family support for each member in the activities that take him away from the family."⁷

³Ibid.

⁴Ibid.

⁵Ibid.

⁶Ibid.

⁷Ibid.

These stages according to Bell tend to emerge in the natural flow of therapy rather than being an agenda to be imposed on the process by the therapist. However, in the experience of Howard Clinebell it has been impossible to predict the order in which the stages will emerge. "Families often go back and forth among several focuses of interaction, so that even the term 'stage' is somewhat misleading."⁸

Bell views the therapist as being a referee who tries to release inhibitions to speak in order to open up communication. He tends to sit outside the family circle and to intervene when necessary to involve all family members and to assist communication when it starts to break down.

The family is described by Nathan W. Ackerman as an organism. He suggests that the term "organism" speaks of the family's biological core with its living process, functional units and natural life history. "Whatever affects one part of the family organism automatically affects all parts, just as an infected, injured, or well-functioning hand influences the entire body."⁹

Nathan Ackerman sees the family as an organism

⁸Clinebell, op. cit., p. 125.

⁹Ackerman as interpreted by Clinebell, op. cit., p. 121.

having a unique psychological identity of its own.¹⁰ Marriage partners from their original families bring unfinished identities into a marriage to form a new family identity resulting from the interaction between the two unfinished identities. This new identity, formed by the marriage partners, is the core for the family identity which is modified as each child joins the family. In the interaction between family members there is positive and negative complementarity. The personality health or disturbance of an individual is to a considerable extent an expression of the emotional climate of the family and the quality of its need-satisfying network of interaction. An individual's symptoms are the product of a total family organism which is not meeting the personality needs of its members.¹¹

Ackerman begins therapy by the analysis and diagnosis of the family. He states that "we must properly study and treat the child as part of the family and the family as part of the child."¹² In making his diagnosis, he believes that he gains a more accurate impression of the

¹⁰Cf. Nathan W. Ackerman, The Psychodynamics of Family Life: Diagnosis and Treatment (New York: Basic Books, 1958), pp. 21-22.

¹¹Clinebell, op. cit., p. 122.

¹²Ackerman, op. cit., p. 24.

dynamics of the family problem if he sees them together starting with the first interview.¹³

In the first interviews he sees his primary tasks as establishing rapport and being aware of the emotional feelings and interactions of the family members. He also helps them be aware of their hurt feelings, their disappointments, and feelings of hopelessness as individuals and as a family. Along with this he tries to encourage their awareness of the need and possibility of better family relationships. Rather than being interested in problems that might be recalled from the past, his technique is to focus on the immediate distresses in the family.

Ackerman takes an active role and permits himself to be partially drawn into the center of the family disturbance.

II. INDIVIDUAL FAMILY MEMBERS, THE ENTIRE FAMILY
OR COMBINATIONS OF FAMILY MEMBERS COUNSELED
AS THE THERAPIST MAY DECIDE AND/OR HAVE ACCESS

Grotjahn sees the family as the extended body of the patient, of his conscious and of his unconscious.¹⁴ For this reason he feels that if the therapy is to be truly effective it must reach beyond the individual patient to include the family. He describes this in terms

¹³Ivan Boszormenyi-Nagy and James L. Framo, Intensive Family Therapy (New York: Harper & Row, 1965), p. 21.

¹⁴Cf. Martin Grotjahn, Psychoanalysis and the Family Neurosis (New York: Norton, 1960).

of the individual's neurosis and the complementary neurosis of the family. Resistance to treatment, as he sees it, may not reside in the neurosis of the individual but in the complementary neurosis of the family. Therefore, it is necessary to bring in the family to discover and interpret this resistance.

As to the treatment, he begins with diagnostic interviews involving the primary patient, or the whole family (sometimes in the home), or family members seen individually.

In the diagnosis he attempts to see how the primary patient projects his inner family onto his present reality.

He sees family members as individuals, in combinations, or all together, depending upon his recognition of resistance.

Grotjahn uses the main psychoanalytic concepts but expands his usage of them from the individual neurosis to include the complementary neurosis of the family. He indicates that the complementary neurosis of the family reinforces the neurotic behavior of individuals in the family.

Charles Stewart in his book The Minister as Marriage Counselor devotes two chapters to the relating of role-relationship marriage counseling to family therapy.

Stewart, stimulated by the work of Ackerman, sees the value of the family being treated as a unit. However,

Stewart doesn't put the same emphasis upon seeing the family together starting with the first session of counseling as does Satir, Bell and Ackerman, although he does feel that the best results come from seeing the entire family group. Stewart outlines four possibilities open to the family counselor.

1. See one parent alone, usually this is the mother.
2. See the child alone. In an adolescent problem the counselor may begin with the youth.
3. See both parents. In the instance of difficulty over the disciplining of a young child, this may be the form of the counseling.
4. See the entire family group.¹⁵

In role-relationship counseling the focus is upon the relationship between persons rather than being essentially on the psychological life of one person. Stewart defines relationship-centered counseling as

. . . a collaborative relationship between seeker and helper established in order to understand the seeker's role image and behavior within his social system and to help him to change or adjust the problems of conflict.¹⁶

The relationships between persons in a social system are further delineated by the terms role definitions, role expectations, and role interactions between persons.

The goals of role-relationship counseling are:

¹⁵Charles William Stewart, The Minister as Marriage Counselor (New York: Abingdon Press, 1961), p. 145.

¹⁶Ibid., p. 35.

1. to help the client to understand his role image--that is, his picture of his role--the role expectations of others in his social orbit, and of his role behavior in his present social context, for example, his family;
2. to see the conflict between his role expectations and his actual behavior in the role, both from his own viewpoint and from that of the significant people in his environment;
3. to develop alternative ways of handling himself, and either to change or adjust his role image and behavior.¹⁷

Current interpersonal conflicts within the context of the family are the central concern rather than probing into unconscious personality processes.

Stewart sees the family system as a shifting or dynamic ever-moving state which needs to be treated as a unit. He also sees the need for the counselor and clients to achieve the following goals.

1. To establish a family system which functions for the mutual benefit of all concerned. The family unit has to become the source of satisfaction for the needs of each family member.
2. Each member of the family should be aware of his role and the other member's complementary role, and he should accept this or modify it for each member's benefit.
3. The family must gain a sense of direction and some feeling that they are moving in that direction at least to a small degree.¹⁸

An additional goal in which the minister may go beyond the aim of the secular counselor is the "desire to have the family find and operate within a faith and system of values."¹⁹

¹⁷Ibid., p. 36. ¹⁸Ibid., pp. 141-142.

¹⁹Ibid., p. 142.

Clinebell gives a more extensive list of goals for family counseling which he states are almost identical to those of role-relationship marriage counseling. He gives one "master goal" and six "operational goals."²⁰

The master goal is "to reduce negative complimentarity (mutual frustrations) and to enhance positive complimentarity (mutual satisfaction) in family interaction."²¹

The six "operational goals" listed by Clinebell are as follows:

1. Reopening the lines of intrafamilial communication so that feelings, wishes, goals, and values can be discussed.
2. Interrupting the self-perpetuating spiral of mutual need-deprivation and attack.
3. Increasing the family members' awareness of the roles which various ones play and are expected by others to play in their interaction.
4. Becoming aware of their essential interdependence and identity as a family.
5. Having practice in thinking together about sources of pain and pleasure in family interaction.
6. Beginning to experiment with more flexible and mutually satisfying roles and with more responsible ways of relating.²²

He goes on to say that this approach "focuses simultaneously on feelings and functioning, seeking to enhance both meaningful communication and constructive behavior."²³

²⁰Clinebell, op. cit., p. 124.

²¹Ibid.

²²Ibid. ²³Ibid.

III. TEAM APPROACHES

1. Multiple Impact Therapy. This method of family counseling was developed by the University of Texas Medical Branch utilizing teams composed of one or more psychiatrists, psychologists and social workers. The idea of intensive short-term family therapy was conceived in 1956, when the problem was realized that many parents were unable to participate with their children in a conventional treatment program of regular visits to the clinic because of time, distance, and economic factors.²⁴

The intake process begins and ends, when possible, with a team-family conference with an hour between these two conferences for individual or various family groupings with a therapist. During the intake session the arrangements for a later two day workshop approach is explored. However, before multiple impact therapy (MIT) sessions are initiated the team reviews all available referral information and becomes aware of the thoughts that each team member has about the available information concerning the family.²⁵

During this two or three day period the treatment team has a variety of sessions involving six to eight hours

²⁴Cf. Robert NacGregor, et. al., Multiple Impact Therapy with Families (New York: McGraw-Hill, 1964), Preface p. XV.

²⁵Cf., Ibid., pp. 4-5.

each day. The family is seen all together with the team at the beginning and end of each day. Between the family sessions, the family members are seen individually and in various groupings by one or more team members. They also have what they call overlapping interviews where a therapist who terminates an interview early joins in the interview with another therapist.²⁶ After two or three days of therapy, the family is discharged with arrangements made for follow-up studies which are as frequent as once a month for the first six months, or one six months later and another a year later.²⁷

Some of the unique features of multiple impact therapy are as follows:

The team serves as a model of healthy group functioning. The family interaction with itself and the team provides cumulative and converging data which the team constantly has on view and utilizes as it works with the family to define and resolve issues. Evasion of an issue is difficult in a setting where one or more team or family members show a readiness to deal with the issue. Channels of communication are easier to keep open in view of the number of participants who feel they have a stake in keeping meaningful discussion going. Protective interventions by the team on behalf of family members under attack render the attack and its sometimes jarring insight bearable. The family members are gradually prepared for changes in each other without loss of face. Insights that are acted on in the presence of the family while treatment is in progress serve as a stimulus to family members to alter their stereotyped responses to the person who is changing. The team-family rapport at the conclusion of therapy is an important dynamic force in the homework the family

²⁶Cf., Ibid., pp. 5-8.

²⁷Ibid.

does on its problems in the interval between returning home and the time of the follow-up program.

Another strength of multiple impact therapy is in its utilization of the creative capacity of a professional group to develop theories about behavior which adequately encompass what has been observed.²⁸

They have found this approach especially effective with families with "adolescents who presented personality disorders centering around the need to rebel against responsibility and to claim special privilege."²⁹ They also report an unusual degree of success with neurotic and schizophrenic adolescents.

This method is valuable for the purpose of training therapists not only in terms of understanding personality problems and the psychodynamics involved but in learning counseling skills and discovering the depth of one's countertransference problems in the intense family-team relationship.

2. Intensive Family Therapy --Boszormenyi-Nagy and Framo. In order to explore the team approach of Boszormenyi-Nagy and Framo, developed in the Family Therapy Project, Eastern Pennsylvania Psychiatric Institute, an introduction to some of their general purposes and theory will first be made. Then the techniques and procedures which they use will be considered.

²⁸Ibid., Preface, p. XIX.

²⁹Ibid., Preface, p. XVII.

In their book Intensive Family Therapy, Boszormenyi-Nagy and Framo present their own approach plus the writings of various investigators whose clinical work they respect and is most relevant to their own endeavors. They claim to represent in their volume "nearly every major family worker who operates in a psychoanalytically oriented manner based on psychodynamic principles with the goal of deep reconstructive change, both in the family group and its individual members."³⁰ Thus, the "intensive" family therapy which they describe, aims towards the working through at a depth level unconscious transference distortions which pervade close family relationships. They classify as "supportive" other family therapy approaches which have as their aims the clarification of communication, the changing of interaction patterns, and the helping of families to cope with concrete stress situations.³¹ They have used the term "intensive" to characterize the distinctive quality of the school of family therapy represented in their volume. Not recognized by them is the possibility that this "intensive" quality could also be present in what they call "supportive family therapy." Thus, it would seem more

³⁰Ackerman, whose approach has been expared in a previous section of this work, is claimed by Boszormenyi-Nagy and Framo as being similar to their general approach.

³¹Boszormenyi-Nagy, op. cit., Preface IX.

concise for them to name their family therapy according to their own definition of the main goal of their approach which is deep reconstructive change involving unconscious transference distortions. "Depth family therapy" or "psychoanalytic family therapy" would seem to be more accurate names. To name a therapy by its main goal or objective would seem to be more concise and descriptive than attempting to name it by a quality which may distinguish it but is shared by other therapies.

The writer would think that "intensive" is a necessary and required quality of depth family therapy by the nature of its goals. However, in crisis and role-adjustment family counseling an "intensive" relationship may vary according to the difficulty of achieving the desired goals (resolution of the crisis and altering of role-relationships to increase mutual need satisfactions).

If continued role-adjustments are desired and if this requires the working through of unconscious transference distortions, then the family therapy would proceed at a depth level and at this point would more accurately be called "depth family therapy."

Furthermore, their use of the name "supportive family therapy" to describe other family therapies doesn't seem accurate in that the other family therapies use both

supportive counseling and insight counseling.³²

Boszormenyi-Nagy in establishing a theoretical foundation, places "family process concepts in a broad-based relationship framework, aimed at the integration of psychoanalytic-psychiatric and humanistic-existential outlooks."³³ A dialectical theory of personality and relatedness is introduced to integrate these outlooks. He draws upon the meaning of the term "dialectical" used in Hegelian philosophy and relates it to the relationship between persons as "the dynamic principle of the creative encounter (synthesis) of something and its opposite (thesis and antithesis) . . ."³⁴

He views the family as a system involving transactions between its members.

The transactional view of social relations regards action organizations (systems) rather than persons as units. One or several persons may make up a system of actions, and any action, whether attributed to a person or to a system, implies a subject and an object. Translated into experiential language, the subject appears as a Self, either a singular Self (I) or plural Self (We). Each real, or anticipated, transaction creates or contributes to a symbolic delineation of both entities: Then one or the ones who act (subject) and the one or the ones who are acted upon (object). The structure of any transaction implies

³²In reference to the use of supportive and insight counseling by a team in crisis and role-adjustment counseling, see p. 117 of this work.

³³Boszormenyi-Nagy, op. cit., Preface p. X.

³⁴Ibid., p. 34.

a figure-ground-like polarity of relating, and each transaction redefines personality boundaries.³⁵

The interconnected nature or polarity between a subject (Self or figure) and an object (Other or ground) is expressed as follows:

If anyone can constitute an important enough part of my person or Self to be needed so badly that his loss makes me feel as though I have lost a part of my Self, such Other has to be a constituent of my Selfhood.³⁶

The ground as it becomes a "constituent" or part of the Self may act as a joint subject with it in relating to another object or Other.

A more covert plurality of the subject position is exemplified by the instance of a mother's unconscious assistance and vicarious participation in her daughter's impulsive acting out. One could say that the mother's own sexual role delineation is transacted via her daughter's behavior toward males. In other words, the motivational determinants of one person's actions may lie in another person's self-delineation needs.³⁷

In this way "the identification between them (mother and daughter) makes them joint subjects of an impulse which is transacted toward the man as its object.³⁸ Thus, the Self-Other relation (daughter-mother) takes on a plural self character "based on the covert motivational fusion of mother and daughter."³⁹

³⁵Ibid., pp. 35-36. Boszormenyi-Nagy attributes the idea of the figure-ground relationship to the work of gestalt psychology. His idea of object relations come from his exposure to the theory of Fairbairn. Both gestalt psychology and Fairbairn's object relationship theory will be considered in further depth in Chapter two of this study.

³⁶Ibid., p. 36. ³⁷Ibid. ³⁸Ibid., p. 40.

³⁹Ibid.

Boszormenyi-Nagy goes on to say that "the family therapist will tend to be equally interested (italics not in the original) in the relational or transaction aspects of any impulse discharge and in its possible intrapsychic ramifications."⁴⁰ However, he states that a dialectical or transactional approach "would tend to focus (italics not in the original) on the dynamic factors that prevented a Self-other distinction between this mother and daughter, rather than on the intrapsychic motivational roots of the particular impulse responsible for the daughter's acting out."⁴¹

Accompanying the depth nature of this approach and the intensive team relationship to the family is the predominant application of their treatment to "severe ego disturbances."⁴² Most of the innovators of the approach presented by Boszormenyi-Nagy and Framo are from the field of intensive psychotherapy of schizophrenic patients.⁴³

The emerging importance of therapy team relationships depends upon the "intensive" aspect of our approach to family therapy as well as other factors such as our prior interest and experience in the psychotherapy of "difficult" (psychotic, psychopathic, etc.) patients, our long-term commitment, our deep uncovering therapy goals, and our specialized experience in the simultaneous, dual (individual and family) therapy vantage points.⁴⁴

. 40 Ibid.

41 Ibid.

42 Ibid., introduction, p. XV.

43 Ibid.

44 Ibid., p. 91.

However, they report that they have on occasions given short term treatment of a supportive nature to families "because of the special nature of their problem or the limitations of their potential for deeper change."⁴⁵

Boszormenyi-Nagy closes his chapter on theory with an exploration of the "phasic relational process."⁴⁶ This consists of five consecutive phases which are related to the psychological growth of an individual. The first is the "embryonic and early life phase" in which the intrapsychic situation is described by the term "autism." The parents at this time have "internal relational expectations" of the child.⁴⁷

The second is the "affiliation or symbiotic phase." In this one "expectation has been replaced by real relationship" in which each participant experiences an interpersonal merger with the other, establishing to some degree or another a sense of basic trust. This is manifested by both overt and covert interactions among family members.⁴⁸

The third phase of individuation and autonomy indicates a "beginning relational distance along with the formation of tentative ego boundaries."

More significantly, however, it signifies the first appearance of internal relationships in the child. The

⁴⁵Ibid., pp. 91-92. ⁴⁶Ibid., pp. 73-84.

⁴⁷Ibid., p. 76. ⁴⁸Ibid., pp. 77-78.

nature of the relationships with internal objects will determine the success of the individuation phase as a preparation for the next phase. The beginning of a satisfactory resolution of the oedipus complex and consecutive superego formation are illustrative of this phase.⁴⁹

The fourth phase is separation and disjunction.

This is represented by the painful relinquishment of family ties, which at the same time is the gateway of emotional freedom and fulfillment on a mature level. The successful resolution of this phase is proven by the ability to move to the next stage of "reinvolvement with genuine commitment."⁵⁰

The fifth phase, described as reinvolvement, engagement, and marriage, is characterized by the seeking of a complementary peer relationship. This is interpreted as a merger with a partner in an experience of trust and love.⁵¹

Boszormenyi-Nagy states that the "transition from one phase to another is comparable to the work of mourning whereby the capacity for absorbing losses represents a maturational goal."⁵²

In addition, he suggests that the most reliable indicator of therapeutic and developmental change involves the "phasic relational process."⁵³ Their general guideline

⁴⁹Ibid. ⁵⁰Ibid., p. 78. ⁵¹Ibid., pp. 78-79.

⁵²Ibid., p. 79. ⁵³Ibid., p. 128.

for the technical goals of family therapy also arise from the theory of the "phasic relational process."

According to this theory as outlined by them,

. . . all relationships go through these phases of unrelatedness (autistic phase), affiliative over-involvement (symbiotic phase), growth of autonomy in members (individuation phase), and dissolution (separation phase) leading to re-involvement in new groups.⁵⁴

There are two important relational processes of which the therapist needs to be aware. These are the family process and the therapy process.⁵⁵

Boszormenyi-Nagy indicates five more goals for family therapy. (1) The removal of symptoms and the consequences of a mutually destructive mode of living. (2) The enabling of children to obtain "workable" models for identification. (3) The removal of specific obstacles which block the family's relational growth. (4) The achievement of a freedom for raising and resolving controversial issues in the family. (5) Improvement of the family's dynamic exchanges with the larger community.⁵⁶

As a rule this approach, as it has been utilized at the Eastern Pennsylvania Psychiatric Institute, involves the treatment of a family for approximately one hour a week in a room which permits circular seating and is

54 Ibid., p. 129. 55 Ibid.

56 Ibid., pp. 133-134.

equipped with a microphone and a one-way mirror.⁵⁷

Before accepting a family into treatment they are seen for several evaluation sessions to determine the kind of motivation operating in the family and to gain a preliminary estimate of family dynamics. At this time of evaluation the family members are each asked to sign an application for family therapy and a release form permitting observation of sessions by professionals and possible publication of observation in professional journals providing that their identities are disguised. At first they accepted families on the basis of whatever motivation existed. However, they found that by setting forth conditions for acceptance into the program early in the evaluation and gaining a definite commitment by all necessary family members that there was better attendance and involvement in the family therapy process by all family members.⁵⁸

Furthermore the family members had to give in the evaluation sessions "some indication that they could give more than lip service to family problems other than those having to do with the designated patient."⁵⁹ To encourage this even further they would ask each family member; "What change would you like to see in the family that would

⁵⁷Ibid., p. 92.

⁵⁸Ibid., p. 147.

⁵⁹Ibid.

benefit you?" or "What changes would you like to see in yourself that would make your life better?"⁶⁰

One insight which they gained early in their treatment of families was that the more intensely a family resisted bringing in a certain member of the family, the more necessary was that member's presence for understanding the total system.⁶¹ Realistically pointed out by them in the fact that because of the more than ordinary commitment of personnel and time by the "institute" that "a weeding-out process is necessary."⁶²

Derived from his observation of the "intensive team approach," Framo has developed a rationale of therapy which their intensive team techniques implement. These are as follows:

(1) The substance of psychiatric disorder is a family manifestation and "the designated patient" is only the most obvious symptom through which the family system manifests its pathology.⁶³

(2) The system of the family has regulated mechanisms of its own which control the collective mechanisms of its individual members. More is involved than the unconscious dynamics of each person. The complicated processes of the ongoing system govern the individual motivations. Despite numerous plots and sub-plots, the family remains a unity. Each family member uses every other member to balance his own pathology. Still, it is not one person acting upon another person; it can be anyone person who affects the whole transactional structure.⁶⁴

60 Ibid. 61 Ibid. 62 Ibid., p. 148.

63 Ibid., p. 149. 64 Ibid., pp. 150-151.

(3) Each member of the family has to fit in with the rules of the family game.⁶⁵

(4) In the more poorly differentiated family, it is more likely that the parents cannot see or act toward their children or each other as they really are but, instead, as screens to project on or as imagoes through whom they can work through past unsatisfied longings and hurts which stem from their original experiences with their own families.⁶⁶

(5) The designated patient half willingly accepts her role as the scapegoat and sacrifices her autonomy in order to fill in gaps and voids in the lives of her parents or in her parent's marriage relationship.

The family concept of therapy clarifies the process of reality impairment.⁶⁷

(6) The perpetuation and "stickiness" of . . . pleasurable-painful, pre-verbal needs constitute the main resistance to change in the family. When attempts are made to modify or eliminate them the alternative ways of relating are perceived by the family members in terms of the ultimate horror--the agonizing state of unrelatedness. They dread reaching the point where nothing they do or are or become matters to anyone.⁶⁸

(7) Whenever there are disturbed children there is a disturbed marriage, although all disturbed marriages do not create disturbed children.⁶⁹

(8) . . . schizophrenia, or any other kind of mental illness, despite its protean manifestations, can be looked upon as the only logical, adaptive response to a deranged illogical family system The designated patient has the most life to lose; she therefore sometimes develops the psychosis as a way of signalling for help and change. . . . It is interesting to speculate how often an act of juvenile delinquency can be looked at as the only safe way of calling attention to an intolerable family situation. When the patient does try to identify reality in the family distortions, this effort is often labeled by the family as "sick" and when she is hospitalized the doctors (and society in effect) reinforce and confirm the family's diagnosis. Such considerations have led us to avoid hospitalization unless absolutely necessary.⁷⁰

⁶⁵Ibid., p. 152.

⁶⁶Ibid.

⁶⁷Ibid.

⁶⁸Ibid., p. 154.

⁶⁹Ibid.

⁷⁰Ibid., pp. 155-156.

(9) The extent to which psychopathology is purely an internal, intrapsychic affair and the extent to which it can come about, be attenuated or modified as a function of how people in close relationship affect each other has been and will continue to be one of the central theoretical and practical issues of our time. (The two polar positions on this issue are taken by traditional psychoanalysts on the one hand and by family therapists on the other.) An ultimate theory of personality, it seems to us, will have to consider an intricate but appropriate combination of both the individual and transpersonal points of view.⁷¹

(10) Because of the vital stakes involved for each family member, dealing with the family system in any meaningful way is always much more threatening to the family than dealing with a single individual's defenses and conflicts. The "resistance" of the patient often resides in part in someone else. . . . When the silent but powerful outside influences are brought within one therapeutic setting more factors can be observed and controlled, but, of course, the therapeutic task is made none the easier.⁷²

Framo in discussing the techniques used in the early phases of family therapy expresses that they have found increased value in probing into other family problems early in the therapy and deflecting discussion away from the problems of the designated patient.⁷³ In order to do this they sometimes ask each member to tell about their experiences in the family and their views about each of the other family members. In part, the intent behind this is to gain a picture of the family history from the vantage point of each family member.⁷⁴ Distortions, misunderstandings and unknown facts become evident. "A dawning realization of the real meaning of family therapy procedure

⁷¹Ibid., pp. 157-158. ⁷²Ibid., p. 159.

⁷³Ibid., p. 163. ⁷⁴Ibid.

emerges out of this intensive mutual exploration, usually precipitating marked anxiety."⁷⁵

As a designated patient opens up in family treatment the parents usually react with shock. Framo points out that in this treatment of schizophrenics an interesting counterpart to the parent's shock is the marked and sometimes dramatic improvement of the designated patient.⁷⁶

A further problem which has confronted the team in family treatment is the passivity following an overt disturbance in the psychotic patient. At times like this they have found it important to try to bring the quiet family member into the discussion and to create dissatisfaction within the parents about their child's situation. However this is resisted because the parents may feel adequate only if their child is inadequate. On this basis, the therapists attempt to raise the parent's self-esteem so that the child isn't reinforced as much in his inadequate position.⁷⁷

However, when the family situation "is too tenuous to be dealt with," they sometimes see it as "useful to spend the early phases of family therapy doing individual therapy with the family member who is hurting the most

75 Ibid.

76 Ibid., p. 162.

77 Ibid., pp. 164-165.

and who is most accessible."⁷⁸

Although this "individual" therapy takes place in the presence of other family members the latter frequently benefit from it even though they may not seem to participate in it. Sometimes it is necessary to eliminate the pressing problems of one person or an alliance from the treatment scene before one can deal with the whole transactional system.⁷⁹

They indicate that increased activity on the part of the therapist and more focusing on reality problems are required in handling of acting-out behavior outside the sessions during the early phases of treatment.⁸⁰

During the early phase of counseling, Framo states, "the therapists are trying to break into the family system and the family is trying to keep them out."⁸¹

When the middle phase is reached the team is in the family.⁸² In this phase, in which the therapists are now part of the family, they attempt to understand and work through "introjects of the parents, so that the parents can see and experience how these difficulties manifested in the present family system have emerged from their unconscious attempts to perpetuate or master old conflicts arising from their families of origin." This often happens through transference to each other and to the therapists.

The essence of the true work of family therapy is in the tracing of the vicissitudes of early object-

⁷⁸Ibid., p. 165.

⁷⁹Ibid.

⁸⁰Ibid., p. 166.

⁸¹Ibid.

⁸²Ibid.

relationships, the varieties of human experience, and the exceedingly intricate transformations which occur as a function of the intrapsychic and transactional blending of the old and the new family systems of the parents, as well as the contribution of the children. The process is long and arduous with many levels; intense feelings are aroused, and progress is by no means in a straight line. When one person moves ahead the whole family equilibrium is disturbed and many painful adjustments have to be made; there may be frantic efforts to resume the status quo and re-establish old patterns. For example, after the wife has faced some of her anger toward a parent, she may no longer need to use her husband as a bad object of transference rage, but the husband may continue to "ask for it," even after complaining about it for years. Not many families can achieve this level in therapy, but when it is reached it is very impressive, and, unless it happens, we believe there can be no real hope of resolution of conflicts or meaningful change in the individuals or the family.⁸³

Framo indicates that it is their conviction that techniques which promote family interaction are the most productive in the long run. Among the useful techniques which they suggest is the practice of focusing on immediate situations rather than to get lost in abstract formulations. This may take the form of pointing out characteristic behavior and mannerisms of which family members are unaware. At other times this may involve "stepping out" of their roles as professionals and speaking as real people with their own ideas and feelings. This may be done in relationship to some family myth that involves some injustice to one or more family members. "The interjection of the therapist's feelings frequently helps as a powerful

⁸³Ibid., p. 167.

stimulant in opening up issues and areas which had long been closed and chalked off by the family."⁸⁴

To break down resistance "the co-therapists may even interrupt the interaction, turn to each other as islands of reality in the room, discuss their confusion, and speculate about meanings."⁸⁵ Other ways utilized to make the family defenses more pliable as suggested by Framo are: Sarcasm, impatience, reassurance, physical touching, sympathy, empathizing, admitting by therapists to personal taboo feelings which a family cannot express, continued focus on one subject--discussing it in detail, making specific demands aimed at making a shift in intrafamilial dynamics, the changing of a co-therapist or the use of a visiting therapist who sits in on problem therapy situations as a consultant, and temporary therapy of family sub-systems.

Counseling situations with a dominant-aggressive mother (who projects all her undesirable, qualities into other members of the family or the therapists and has a vital need to engage in emotional infighting--stirring up countertransference reactions of the therapists) can in actuality be "bafflingly infuriating." Instead of a head-on encounter with them they have found it better to center their attention on what "they [the dominant-aggressive

⁸⁴Ibid., p. 169.

⁸⁵Ibid., p. 168.

mothers] have missed in life."⁸⁶ "This procedure helped to slacken their defensiveness so that sooner or later there would emerge from behind the awesome pseudo-strength the deprived frightened little girl who had always felt worthless and unlovable."⁸⁷

In general, they have discovered that "families will manipulate when the therapists want them too much, just as they will respond by withdrawal when they feel that the therapists do not like them."⁸⁸

Framo reports that they have not been operating long enough in doing team family therapy to see many families reach the terminal phases.⁸⁹

A most important-observation which they have made is the extent to which families become dependent on the treatment process and how this is evidenced and handled in the process of termination.⁹⁰

They have found that the threat of termination is a strong mobilizer for creating more motivation for change and "loosening things up."⁹¹ Along with this idea they have found that the less the therapy team seems to "need the family," the more the family's involvement with the therapists increases and they take therapy more seriously.

⁸⁶Ibid., p. 173. ⁸⁷Ibid. ⁸⁸Ibid., p. 178.

⁸⁹Ibid., p. 201. ⁹⁰Ibid., p. 203.

⁹¹Ibid., p. 203.

A major reason for sudden termination in the early and middle phases of therapy is seen as being based on a family's "awareness of what the therapists are doing to the system, as well as on an unwillingness to change."⁹²

They have also found that with some families a rejection of the therapists signified a step toward individuation and growth.

92 Ibid.

CHAPTER III

PSYCHOTHERAPEUTIC APPROACHES WITH IMPLICATIONS FOR FAMILY COUNSELING

In giving consideration to the various schools of psychoanalysis and psychotherapy a comprehensive examination of each one is not possible. Instead an attempt will be made to explore some of the main features of each approach which seem to have special relevance to the work of an individual and a team in the process of counseling with a family.

Freud's Psychoanalysis. A most important contribution of Freud's work to the family counselor is the depth view of unconscious processes which underlie the manifest behavior of individuals and families. He was most skillful in exploring the intricate unconscious relationships and dynamics within individual personalities and in family relationships. A good example of his ability is found in Dora, An Analysis of a Case of Hysteria.¹

Of special importance in understanding family relationships is his developmental theory involving the oral, anal, phallic and genital stages of personality growth.

¹Sigmund Freud, Dora--An Analysis of a Case of Hysteria (New York: Collier Books, 1963).

Appearing in the phallic stage is the Oedipal complex which Freud considered one of his most important discoveries.

Briefly defined, the Oedipus complex consists of a sexual cathexis for the parent of the opposite sex and a hostile cathexis for the parent of the same sex. The boy wants to possess his mother and remove his father, the girl wants to possess her father and displace her mother. . . . The behavior of the three-to five-year old child is marked to a large extent by the operation of the Oedipus complex, and although it is modified and suffers repression after the age of five it remains a vital force in the personality throughout life. Attitudes toward the opposite sex and toward people in authority for instance, are largely conditioned by the Oedipus complex.²

A boy's incestuous craving for the mother and his resentment toward the father place him in conflict with his parents, especially the father. The female Oedipus complex is more involved and is different in ways. Essentially, the girl's incestuous feelings are directed toward the father and the mother is resented. With the arrival of adolescence the Oedipal complex may become more apparent in family relationships.

Successful movement through periods of Oedipal involvement as a child and adolescent for the most part entails the "realization" that mother and father "have and belong to each other" and that other persons are more likely subjects with whom one might satisfy his needs.

The conceptual framework provided by Freud is of lasting value in understanding family relationships and

²Calvin S. Hall and Gardner Lindzey, Theories of Personality (New York: Wiley and Sons, 1957), p. 78.

in defining one's goals and methods for counseling with families.

Some more of Freud's theory will be presented and explored in other parts of this chapter as it is contrasted with the theory of other approaches.

Erik Erikson, using Freud as a basis, has extended the developmental stages throughout the entire life span of a person. These consist of eight stages which are briefly described in the following "chart."³ (See Figure One.)

These eight stages provide a means of conceptualization which helps to more clearly define the role-expectations of various family members and the "desired" goals of counseling (including the desired role-adjustments) for family members individually and together.

Jungian Analysis. Jung's theory of personality is distinguished from all other approaches by a strong emphasis on the racial and phylogenetic foundations of personality, and by stress on the "middle life" phase of "individuation." For Jung an individual's personality is the product and container of its ancestral history. Thus, man is shaped and molded into his present or by the cumulative experiences of past generations extending back into the dim beginning of

³See Erik Erikson, Childhood and Society (New York: Norton, 1950), pp. 247-274.

Freud's Stages and the Life Stages of Erik Erikson	VIII Maturity						Ego Integri- ty vs. Despair	Retirement
	VII Adulthood					Genera- tivity vs. Stagna- tion		35 - Retirement
	VI Young Adulthood				Intimacy vs. Isola- tion			20-21 to Approximately 35 years
	V Puberty and Ado- lescence			Identity vs. Role con- fusion				Puberty or about 12 to 20-21 years
	IV Latency			Industry vs. Inferi- ority				6 1/2 to about 12 Years or Puberty
	III Locomotor Genital		Initia- tive vs. Guilt					2 1/2 - 3 yrs. to 6 1/2 - 7 yrs.
	II Muscular Anal	Autonomy vs. Shame, Doubt						15 Months to 2 1/2 - 3 yrs.
	I Oral Sensory	Basic Trust vs. Mistrust						Birth to 15 months

FIGURE ONE
STAGES OF THE LIFE CYCLE

man as a species.⁴ "The foundations of personality are archaic, primitive, innate, unconscious and probably universal."⁵

Freud in his theory stresses the infantile origin and physiologically connected origins (the pleasure principle in the service of the soma) whereas Jung emphasizes the ancestral origins of personality.⁶

Jung sees the individual's personality as a resultant of both inner forces acting upon it and being acted upon by outer forces.⁷ Both man's individual and "racial" history (causality) and his aims and aspirations (teleology) condition his behavior.⁸

The psyche (total Personality), as it is called by Jung, is composed of a number of separate but interacting and partially coinclusive systems. The principal ones are the ego, the personal unconscious and its complexes, the collective unconscious and its archetypes, the persona, the anima or animus, the shadow, and the self.⁹

The ego is the conscious mind and is responsible for one's feeling of identity and continuity. From the individual's viewpoint, the ego is the center of the personality.¹⁰

⁴Hall, op. cit., p. 78. ⁵Ibid. ⁶Ibid.

⁷Ibid., p. 79. ⁸Ibid., p. 78.

⁹Ibid. ¹⁰Ibid., p. 79.

The personal unconscious is a "region adjoining the ego," and is composed of once conscious experiences which have been repressed, suppressed, forgotten, or ignored.¹¹ The personal unconscious is accessible to consciousness and there is considerable "two-way traffic" between the personal unconscious and the ego.¹²

A complex is an organized constellation of feelings, thoughts, perceptions, and memories existing in the personal unconscious.¹³

The collective unconscious (the most original and controversial item in Jung's theory) is a storehouse of latent memory traces inherited from man's ancestral past--a psychic residue of man's evolutionary development. These are not inherited as such but "we inherit the possibility of reviving experiences of past generations."¹⁴

Jung states that the collective unconscious is the most powerful system of the psyche and overshadows the ego and personal unconscious in pathological cases.

Archetypes are the structural components of the collective unconscious and "is a universal thought form (idea) which contains a large element of emotion."¹⁵ An archetype originates from an experience being constantly

¹¹Ibid. ¹²Ibid. ¹³Ibid. ¹⁴Ibid.

¹⁵Ibid., p. 82.

repeated for many generations and becomes, in a certain sense, a permanent deposit in the mind.¹⁶

Certain archetypes (the persona, the anima and animus, the shadow, and the self) have evolved to the extent that they are treated as separate systems in the psyche.¹⁷ The persona is the public personality that "is a mask which is worn by the person in response to the demands of social convention and tradition and to his own inner archetypal needs."¹⁸

The feminine side of a man's psyche and the masculine side of a woman's personality are ascribed by Jung as being archetypes. The feminine archetype in man is called the anima, the masculine archetype in woman is called the animus.¹⁹

The shadow archetype is composed of the animal instincts inherited by man in his evolution from lower forms of life.²⁰

The self, considered equivalent to the total personality in Jung's early writings, is seen later by him as being an archetype representing man's striving for unity. The main symbol of this archetype is "the mandala or magic circle."²¹ Thus, the self is seen as the mid-point of

¹⁶ Ibid.

¹⁷ Ibid., p. 83.

¹⁸ Ibid.

¹⁹ Ibid., p. 84.

²⁰ Ibid., p. 85.

²¹ Ibid.

personality, around which all other systems are held together providing the psyche with unity, equilibrium and stability.²² Before the self can emerge, various components of the psyche need to be developed, assimilated, and individuated. "For this reason, the archetype of the self does not become evident until the person had reached middle age."²³

This archetype especially motivates man's search for wholeness through religion. "True religious experiences are about as close to selfhood as most men will ever come, and the figures of Christ and Buddha are as highly differentiated expressions of the self archetype as one will find in the modern world."²⁴ The concept of the emerging archetype of the self, and the symbolic nature and actual experiencing of this archetype represented in the selfhood of the counselors and/or ministers seem to have direct implications for both individual and team treatment of families. The search for wholeness and the hopeful expectancy of experiencing this wholeness in the "near future" is powerfully symbolized in both of these religions and the religious leaders representing them.

Further light is thrown on this by Jung's view that the past as well as the future guides and directs man's

²²Ibid.

²³Ibid., p. 86.

²⁴Ibid.

development. In other words "the present is not only determined by the past (causality) but it is also determined by the future (teleology)."²⁵ According to the teleological viewpoint man's personality is "comprehended in terms of where it is going, not where it has been."²⁶ A causality viewpoint states that present events are determined by past conditions or causes. Jung maintains that both vantage points are necessary for a thorough and comprehensive understanding of personality.²⁷

In accord with what has been explored, Jung states that the ultimate goal of man's development is summed up in the term "self-actualization." "Self-actualization means the fullest, most complete differentiation and harmonious blending of all aspects of man's total personality."²⁸ This would suggest that the striving for self-actualization of a family system would involve the discovery and developing of a new family self-hood to take the place of the old unharmonious one. The development of a harmonious family self-hood would rest especially on the individual and united self-actualization of the parents.

The strong emphasis within Jungian analysis on creative self-actualization is a necessary counterbalance to the tendency of Freudian psychoanalysis to focus on

²⁵Ibid., p. 96.

²⁶Ibid.

²⁷Ibid.

²⁸Ibid.

insight into one's psychopathology. The latter lacks the ability to move emphatically beyond insight about one's pathology to self-actualizing experiences of growth.

A helpful "therapeutic outlook" is provided for an individual counselor and a team in considering the nature of their involvement with a family and each other. This is stimulated by Jung's emphasis on the dialectical involvement of the "analyst" in the treatment process.²⁹

The demand that the analyst must be analysed culminates in the idea of a dialectical procedure, where therapist enters into relationship with another psychic system both as questioner and answerer. No longer is he the superior wise man, judge, and counselor; he is a fellow participant who finds himself involved in the dialectical process just as deeply as the so-called patient.³⁰

Of further value to family counseling and crisis counseling is the goal of putting the patient back on his own power with new and more effective ways of functioning in his environment.³¹

But to the extent that his particular personality is thereby brought into play, his collaboration can be enlisted all the more. The psychoanalyst thinks he must see his patient for an hour a day for months on end; I manage in difficult cases with three or four settings a week. As a rule I content myself with two, and once the patient has got going, he is reduced to

²⁹This has its religious parallel in the intense involvement of Jesus in the lives of those to whom he ministered, especially his disciples.

³⁰C. G. Jung, The Practice of Psychotherapy (New York: Pantheon Books, 1954), p. 8.

³¹A similar emphasis is found in Gestalt psychology and in Glasser's reality therapy.

one. In the interim he has to work at himself, but under my control. I provide him with the necessary psychological knowledge to free himself from my medical authority as speedily as possible. In addition, I break off the treatment every ten weeks or so, in order to throw him back on his normal millieu. In this way he is not alienated from his world--for he really suffers from his tendency to live at another's expense.³²

Fairbairn Object Relationship Theory and Ego Psychology. Charles T. Sullivan in a Doylestown Foundation Paper describes "a period of ego-psychology" extending from the early 1920's to the early 1950's. This, he says, began when Freud introduced his structural view of the psyche in Group Psychology and the Analysis of the Ego (1921). Shortly after this work he gave a complete structural representation of the id, ego, and superego in Ego and the Id (1923). However, "as id-psychology had become one of the issues on which Adler, Jung, and others had broken with Freud, ego-psychology was to become an issue on which later followers would break with him."³³ Thus, Freud and his associates went on to develop a theory about the ego giving special attention to its "capacities for intra-psychical defense and for extra-psychical adaptation to the environment."³⁴ At this same time an alternative theory of ego-

³²Jung, op. cit., pp. 26-27.

³³Charles T. Sullivan, Freud and Fairbairn: Two Theories of Ego-Psychology (Doylestown, Pa: Doylestown Foundation, 1963), p. 10.

³⁴Ibid.

psychology was being developed by Melanie Klein. However, during and after the 1940's this alternative theory "was formulated most clearly and comprehensively by Fairbairn, in a series of papers which discussed the essential problems of structural psychology--particularly of ego-psychology--from a new point of view."³⁵

Fairbairn maintains that the ego seeks comfort in its own object-relations rather than seeking pleasure for the id which is in the service of the soma. On the other hand, Freud stated that the psyche, including the ego, exists and functions only for the sake of the soma. The id is constantly and insistently demanding that the ego act to obtain gratification of those somatic needs from which the "pleasure principle" arises.³⁶

Fairbairn, instead of regarding the ego as being dependent on the soma, considers it as having interests of its own, independent of the soma. He does not disregard the soma or the soma's needs; he simply denies that the soma has direct access to the ego in "psychical space." Fairbairn says that Freud in his theory confuses psychology with physiology, and that the primary concern of the psyche is to serve itself.³⁷ Thus, Fairbairn denies the dominant influence of the soma and the "pleasure principle"

³⁵ Ibid. ³⁶ Ibid., pp. 17 ff.

³⁷ Compare to the entire work of Sullivan, Ibid.

and states that the psyche is "object" oriented. For Fairbairn the matrix of the psyche is the central ego whose function is to cope with external reality. In coping with the external environment, a child's central ego develops two specialized segments: the libidinal ego and the antilibidinal ego. The main function of these subsidiary egos is to maintain relationships with "internalized objects" which the central ego derives from actual persons in the external environment. The infant-mother relationship is a person's model for immature "object-relationships." Fairbairn states that the infant-mother relationship is disturbed from the beginning by a considerable amount of frustration. This involves the child's frequent transitions between regarding the mother as being "good" (satisfying) and "bad" (unsatisfying). Thus, the infant finds himself in a situation of outer reality and unable to control "objects" (his mother being first) in this outer world. He then seeks to transfer the bad or traumatic factor into his field of inner reality so that it is within his own control--thereby internalizing his mother as a "bad" object.³⁸

The entire process of internalization, splitting, and selective repression of different aspects of environmental "objects" is a developmental process. But, it is an

38 Ibid.

immature process through which the maturing ego of the developing individual is able to accommodate itself to environmental ambiguity or ambivalence. Fairbairn's theory includes a level of maturity at which an individual's ego does not resort to splitting and selective repression of its "objects."

The application of Fairbairn's object-relation ego-psychology to family therapy has already been evidenced in the work of Boszormenyi-Nagy and Framo in the previous chapter. As shown in their work, an essential value of this theory for the family counselor is the conceptual framework it provides in gaining a depth perspective into the manifest role-relationships between family members.

Fairbairn's theory helps to provide a means of relating intrapsychic processes of individual family members to the family system's interpsychic relationships.³⁹ A theory of this nature is necessary to a team approach in which family members are related to individually and as a family unit.

Roger's Client-centered Approach. The client-centered approach developed by Carl R. Rogers focuses upon adopting the person's "internal frame of reference," and

³⁹The nature of Fairbairns theory in relationship to family therapy will not be expanded upon here because of its application throughout the family therapy approach of Boszormenyi-Nagy and Framo. See pages 31-49 of this dissertation.

utilizing the "non-directive" methods of accepting, reflecting, and clarifying feelings. The client and his feelings are unconditionally accepted in a warm and empathetic relationship. The counselor using this approach assumes that the client has a strong ego and a non-rigid personality structure which enables him to have insight and to be self-directive. Thereby, in this accepting atmosphere the client can work through his own problems as he explores them through a process of self-discovery aided by the counselor's accepting, reflecting, and clarifying of the feeling and thought processes which are shared in the sessions. The impulses and motivations of the counselee are allowed to determine entirely the speed, the direction, and the content of the sessions. Advice, questions directed toward insight, suggestions, and other directive methods are not included in this approach.⁴⁰

Client-centered therapy is reasonably affective with the intelligent young adult and middle aged person who is strongly motivated towards counseling because of the pain of his neurosis. A strong ego and a flexible or non-rigid personality structure which is well developed are necessary factors for the successful use of Roger's approach.

A major value of client-centered therapy for the team approach suggested in this study is the aid it gives

⁴⁰Carl R. Rogers, Client-Centered Therapy (New York: Houghton Mifflin, 1951).

in establishing a strong relationship of rapport with family members as they are seen individually. Furthermore, the reflection of feelings and an empathetic relationship are valuable in encouraging an individual to experience a catharsis of negative feelings. This may be a necessary process with some of the family members so that they will be more able (instead of being fixated upon the pent up negative feelings) to work through a crisis and adjust into more satisfying role-relationships.

On the other hand, the exclusive use of this approach with family members (individually or together) who have weak egos would only serve to add to their confusion and rigidify their defenses more intensely.

Another limitation of using Carl Roger's approach by itself stems from the fact that there is often, in family crisis situations, the immediate problem of a highly charged emotional atmosphere in which the "non-directive" reflecting of feelings might only serve to intensify transference distortions and to encourage the dangerous acting out of destructive feelings. Instead, very active and directive structuring is often required in order to control, as much as possible, the home environment as well as the counseling situation so that a therapeutic relationship might be established.

Client-centered therapy seems to have a valuable implication for family counseling in the sense of

encouraging the counselor to relate empathetically to a family's "internal frame of reference." This might especially apply to the clarifying and reflecting of feelings in order to help a family be aware of the pain which they mutually experience, thereby helping them be more motivated to adjust their relationships. From a slightly different vantage point, the reflecting and clarifying of expressed feelings of hope for more satisfying family relationships may help reinforce this goal, and make it more eagerly sought after by the whole family.

Gestalt Therapy. The major contributions of Gestalt therapy to family counseling reside in their way of looking at the therapeutic relationship, their theory of figure-ground relationships, their manner of viewing and handling defenses and resistances, and their creation of "controlled" emergency or crisis situations in the counseling process.

Perls, Hefferline, and Goodman in their book Gestalt Therapy provide a manner of looking at the patient as he seeks out help and engages in the treatment process.⁴¹ They see the patient as coming into therapy because of his own "self-awareness" and that this is to be seen as a creative and integrative force. In support of this, they state that,

⁴¹ Frederick S. Perls, Ralph F. Hefferline, and Paul Goodman, Gestalt Therapy (New York: Julian Press, 1958), pp. 227-251.

after all, the patient's self-awareness "has already made the difference that he has come [into treatment--an integrative step towards increased self-awareness], moving his own feet."⁴² Thus, Perls, Hefferline, and Goodman seek to change the therapeutic attitude from that of seeing the patient as being sick and dependent upon the therapist to one of his being an active learner who from the beginning of treatment engages as an experimental partner with the therapist in the process of psychotherapy.⁴³

They see psychotherapy as a humane discipline,

a development of Socratic dialectic. And the term of treatment is not to dissolve most of the complexes or free certain reflexes, but to reach such a point in the technique of self-awareness that the patient can proceed without help--for here, as everywhere else in medicine, natura sanat non medicus, it is only oneself (in the environment) that can cure oneself.

. . . The self only finds and makes itself in the environment. If the patient is an active experimental partner in the session, he will carry this attitude abroad and make more rapid progress, for the environmental material is much more interesting and urgent.⁴⁴

An advantage of having the designated patient in with his family unit is that here is a central and live portion of his environment which is brought into the dialectical treatment process. As this primary social unit (in which the patient is involved as an integral participant for better or worse) is engaged in therapy, the experimental learning process can be more actively taken

⁴²Ibid., p. 248.

⁴³Ibid., p. 248.

⁴⁴Ibid.

back into the total environment. Thus, by engaging the total family unit in this experimental learning process, their close family-group involvement reinforces each member's continued "growth" between sessions. Just as the destructive tendencies tend to mutually reinforce each other in the family system, the effective involvement of an individual therapist or team helps to turn their "defenses" into creative coping devices which are mutually satisfying and reinforced by the close family system. In this way the therapeutic atmosphere increasingly becomes a full time family involvement rather than existing for one hour once a week and being counteracted the rest of the week by a "destructive" family system.

Perls and his co-workers define the figure (gestalt) in one's awareness as "a clear, vivid perception, image, or insight . . ."

The process of figure/background formation is a dynamic one in which the urgencies and resources of the field progressively lend their powers to the interest, brightness and force of the dominant figure. It is pointless, therefore, to deal with any psychological behavior out of its socio-cultural, biological, and physical context.⁴⁵

Working with the whole family unit in the treatment process seems to be the best possible fulfillment of the above statement.

⁴⁵Ibid., p. 231.

When the figure is dull, confused, graceless, lacking in energy (a "weak gestalt"), we may be sure that there is a lack of contact, something in the environment is blocked out, some vital organic need is not being expressed; the person is not "all there," that is, his whole field cannot lend its urgency and resources to the completion of the figure.⁴⁶

Within the family system in treatment we have the "figure" and the "environment" alive before us with their lack of contact or communication on the "living boundaries of their relationships."

Thus, in psychotherapy they [Pearls, et al] look for the urgency of unfinished situations in the present therapy situation and by "here-and-now" experimentation with attitudes and experiences, achieve a better integration of the self (the figure).

In gestalt therapy resistances and defenses

are taken as active expressions of vitality, however neurotic they may be in the total picture. Rather than being liquidated, they are accepted at face-value and met accordingly man to man: the therapist, according to his own self-awareness, declines to be bored, intimidated, cajoled, etc.; he meets anger with explanation of the misunderstanding, or sometimes apology, or even with anger, according to the truth of the situation; he meets obstruction with impatience in the framework of a larger patience. In this way the unaware can become foreground, so that its structure can be experienced. This is different from "attacking" the aggression when the patient does not feel it, and then, when it has a modicum of felt reality, explaining it away as 'negative transference'. Is the patient never to have a chance to exercise his wrath and stubbornness in the open? But in the sequel, if he now dares to exercise his aggressions in real circumstances and meeting a

⁴⁶ Ibid., p. 232.

normal response without the roof's caving in, he will see what he is doing, remember who his real enemies are; and the integration proceeds. So again, we do not ask the patient not to censor, but to concentrate on how he censors, withdraws, falls silent, with what muscles, images, or blanks. Thus a bridge is made for him to begin to feel himself actively repressing, and then he can himself begin to relax the repression. . . . By realizing the resistances experimentally and letting them act and come to grips with what is being resisted in himself or in the therapy, there is a possibility for resolution rather than annihilation or having a continued dull and confused gestalt.⁴⁷

The problem facing a therapist doing family therapy is the matter of providing a "safe" and "controllable" atmosphere in which this real life experimentation may occur in the family system. For as pointed out by Framo "family therapy which can witness . . . behavior . . . of the key figures as it actually occurs in vivo."⁴⁸

When seeing families in a crisis the emergency is already actively present, whereas in the process of gestalt therapy an emergency is "provoked" in the therapist-patient relationship. In view of the possible implications for the family therapist (or therapeutic team), who is with a whole family in a "real life" crisis situation, the procedure that gestalt therapists follow in initiating and resolving "safe" crisis situations will be presented.

To excite a safe emergency by concentrating on the actual situation . . . consider a situation somewhat as follows:

⁴⁷Ibid., pp. 248-249.

⁴⁸Boszormenyi-Nagy, op. cit., p. 207.

1. The patient, as an active partner in the experiment, concentrates on what he is actually feeling, thinking, doing, saying; he attempts to contact it more closely in image, body-feeling, motor response, verbal description, etc.

2. It is something of lively interest to himself, so he need not deliberately attend to it, but it attracts his attention. The context may be chosen by the therapist from what he knows of the patient and according to his scientific conception of where the resistance is.

3. It is something that the patient is vaguely aware of and he becomes more aware of it because of the exercise.

4. Doing the exercise, the patient is encouraged to follow his bent, to imagine and exaggerate freely, for it is safe play. He applies the attitude and the exaggerated attitude to his actual situation: his attitude toward himself, toward the therapist, his ordinary behavior (his ordinary behavior in family, sex, job).

5. Alternately he exaggeratedly inhibits the attitude and applies the inhibition in the same contexts.

6. As the contact becomes closer and the content becomes fuller, his anxiety is aroused. This constitutes a felt emergency, but the emergency is safe and controllable and known to be so by both partners.

7. The goal is that in the safe emergency, the underlying (repressed) intention--action, attitude, present-day object, memory--will become dominant and re-form the figure.

8. The patient accepts the new figure as his own, feeling that "it is I who am feeling, thinking, doing this."⁴⁹

The present crisis of the family is the item of "lively interest" which attracts (point two) each family member's attention and the attention of the therapist. However, the present family crisis in treatment is "real life" and its "dangerous" aspects cannot be "left in the counseling room" but continue as the members of the family function together during the week.

⁴⁹Perls, op. cit., p. 287.

Here, we find the crux of the problem. Evident is the necessity for creating an appropriate therapeutic atmosphere in which a family may resolve its crisis. First of all, there must be an atmosphere which is "controlled" to the extent that the family members can find it "safe" to let their exaggerated and confused attitudes become apparent (become clearly defined figures which can then be "re-formed"). However, an "inappropriately controlled" atmosphere will tend to inhibit the effective resolution of the crisis and the movement of the family back out into its environment, functioning on its own more capably than before.

Thus, a major problem confronting this method is the creating of a "safe" atmosphere which will help the family members start to "re-form" their "contact-boundaries" (adjust their role-relationships) in the midst of their crisis, so that it might simultaneously start to be resolved to their mutual "benefit" (as opposed to continuing to be mutually "destructive" to the family members).

Reality Therapy. Glasser asks the following question at the very first of his book: What is wrong with those who need psychiatric treatment? He goes on to give the answer by stating that "all patients have a common characteristic: They all deny the reality of the world

around them."⁵⁰

A therapy, he says, which helps a person struggle successfully with the "tangible and intangible aspects of the real world, might accurately be called a therapy toward reality, or simply Reality Therapy.⁵¹ Such a therapy is concerned with two needs: "the need to love and be loved and the need to feel that we are worthwhile to ourselves and to others."⁵² We all have these same needs "but we vary in our ability to fulfill them."⁵³

In reference to the first need, Glasser states that when any person comes for help, he is lacking the most critical requirement for fulfilling his needs. This is "a person whom he genuinely cares about and who he feels genuinely cares about him."⁵⁴ Regarding the need to be worthwhile, he states that we must maintain a satisfactory standard of behavior to feel this way and that it is the purpose of therapy to grow in our feelings of worthwhileness by being responsible in our present relationships. Being responsible (maintaining satisfactory standards of behavior) involves "the ability fulfill one's needs . . . in a way that does not deprive others of the ability to fulfill their needs."⁵⁵

⁵⁰William Glasser, Reality Therapy (New York: Harper & Row, 1965), p. 6.

⁵¹Ibid. ⁵²Ibid., p. 9. ⁵³Ibid.

⁵⁴Ibid., p. 12. ⁵⁵Ibid., p. 13.

Glasser includes all types of mental and character disorders under the description of irresponsible and equates responsible with mental health.⁵⁶

Emphasis is placed in reality therapy on helping the patient "fulfill his needs right now."⁵⁷ ". . . The therapist adheres to the present and points to a hopeful future . . ."⁵⁸

Glasser states that in traditional therapy the focus is on the ability of the patient to change his attitude by gaining insight into unconscious conflicts. This, then ultimately changes behavior. However, in reality therapy the emphasis is on behavior. Glasser states that he does not depend on insight to change attitudes and ultimately behavior because, in his opinion, insight in many cases never changes attitudes. Instead, by teaching new ways of behavior with reality therapy the attitudes change regardless of whether the patient has insight into his old ways. With a new attitude further behavioral change is effected and the worthwhile feeling or attitude is reinforced. Glasser stands firm on the conviction that what starts the process is "an initial change in behavior."⁵⁹

A crucial statement which Glasser makes is as follows:

⁵⁶Cf. Ibid., p. 15. ⁵⁷Ibid., p. 46.

⁵⁸Ibid., p. 82. ⁵⁹Ibid.

Emphasis upon the unconscious sidetracks the main issue of the patient's irresponsibility and gives him another excuse to avoid facing reality. We cannot emphasize enough that delving into a man's unconscious mind is detrimental to therapy.⁶⁰

Glasser's emphasis is a needed corrective in counteracting the dangers and limitations of the tendencies for psychoanalytic and some psychotherapeutic approaches to be fixated upon past occurrences, unconscious material, and psychopathology instead of present reality and future opportunities. However, to deny any value in looking at unconscious material seems to deny a look at part of a very vital portion of present reality. For the therapist, who is vitally aware of the present reality and the potential of the future, a look into the past and the unconscious is oriented around how these make themselves known in the present. A value of looking into the past, and the unconscious is to enable the patient to see how he is "hanging onto the past" and operating on "unexpressed preconceptions" as excuses to be irresponsible in the present and future.

Responsibility is not just an individual matter but has broader social implications which "come alive" in the team relationship, the family unit, and the relationship of both of these social systems to each other. For example, added pressure can be exerted by the interlocking systems

⁶⁰Ibid., p. 53.

of the family and team to effect a change upon each family member's behavior. Likewise, the stated "professional" expectations (from outside the family) of responsible behavior within the family system receives added reinforcement from the combined presence of the team of counselors. Not just one but several professions are present in the team representing the larger community and expecting worthwhile and responsible adjustments in their behavior and attitudes. In addition, the role and symbolic connotations of a minister simultaneously being an advocate of ethical behavior and a representative of a religious community of people with a long tradition of standards, give him added force in conveying the importance of responsibility.

Eric Berne's Transactional Analysis. A first step which must be taken by those who are to comprehend transactional analysis is to understand what he calls structural analysis. This is concerned with the segregation and analysis of three ego states which he calls Parent, Adult, and Child. Berne has observed "that at any given moment each individual in a social aggregation will exhibit a Parental, Adult or Child ego state and that individuals can shift with varying degrees of readiness from one ego state to another."⁶¹ The nature of each of these three

⁶¹Eric Berne, Games People Play (New York: Grove Press, 1964), p. 24. For a comprehensive explanation of

egos states is described in the following paragraphs.

1. Every individual has had parents or substitute parents, and he carries with him two or more ego states that reproduce the ego states of the parents in his life. Both the good and bad aspects of the parents are carried within and can be activated under certain circumstances.⁶² The negative side of the parent ego state is usually characterized by fault-finding, domineering, and angry attitudes.

2. The Adult has to do with the logical and reasonable side of our personalities. Berne states "that every individual (including children, mental retarded and schizophrenic) is capable of objective data processing if the appropriate ego state can be activated."⁶³

3. The Child ego state is approached on the basis that every individual was once a child and "that he carries within him fixated relics from earlier years which will be activated under certain circumstances."⁶⁴ The Child exhibits itself in two forms: the "adapted" Child and the "natural" child. The adapted child behaves as father or mothers wanted him to behave. Thus, the Parental influence is a cause and the adapted child an effect. The natural

Structural and Transactional analysis see Eric Berne, Transactional Analysis in Psychotherapy (New York: Grove Press, 1961).

⁶²Cf., Ibid.

⁶³Ibid.

⁶⁴Ibid.

child is characterized by spontaneous expression. This is confirmed in the results of alcohol intoxication when the Parent is decommissioned first and the natural child is freed to be spontaneous.⁶⁵

See Figure Two for an illustration of these three ego states in a diagram.

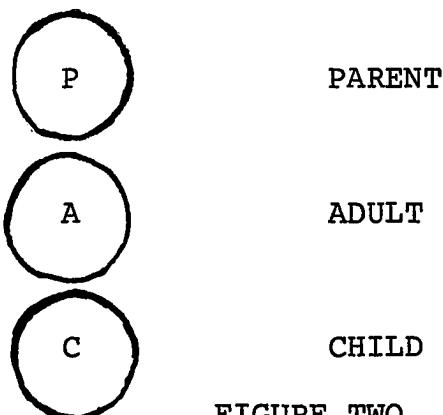


FIGURE TWO
BERNEAN EGO STATES

Transactional Analysis has to do with units of social intercourse between one or more persons, each of which embodies the Parental, Adult and Child ego states. Each unit of social intercourse is a transaction. When two persons encounter each other, the first to acknowledge the other makes what is called the "transactional stimulus." When the other person says or does something which is related to this stimulus, this is called the "transactional response."⁶⁶

⁶⁵Cf., Ibid., p. 26.

⁶⁶Cf., Ibid., p. 29.

Transactional analysis in its simplest form has to do with which ego state made the transactional stimulus (ts) and which one the transactional response (tr). When exchanges between the ego states of the respective parties are appropriate and follow the natural order of healthy human relationships, they are said to be "complementary" transactions. (See Figure 3) On the other hand, when they are inappropriate to each other, then a "crossed" transaction has occurred. This is seen when the Adult ego state of one person communicates a transactional stimulus to the adult of another person, and instead of the Adult of this other person responding, the Child or the Parent ego state makes the transactional response.⁶⁷ (See Figure 4) This crossed transaction "is probably the most frequent cause of misunderstanding in marriage and work situations, as well as in social life."⁶⁸

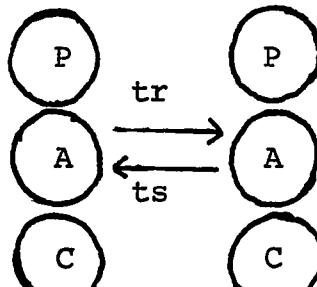


FIGURE THREE
COMPLEMENTARY TRANSACTION

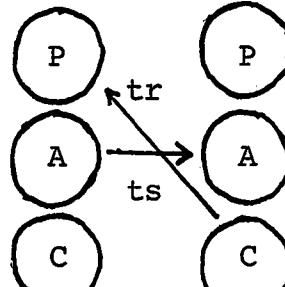


FIGURE FOUR
CROSSED TRANSACTION

⁶⁷Cf. Ibid., pp. 29-31.

⁶⁸Berne, Transactional Analysis, p. 94.

The most simple transactions which exist are those involving "procedures" and "rituals." Berne defines a procedure as "a series of simple complimentary Adult transactions directed toward the manipulation of reality."⁶⁹ A ritual he describes as a "stereotyped series of simple complementary transactions programmed by external social forces."⁷⁰

More complex than procedures and rituals are the "pastimes" which people typically play at parties or before a group meeting begins. "Pastimes may take the form described as "chit-chat" or they may become more serious, e.g., argumentive."⁷¹

Even more complex are what Berne calls games. "A game is an ongoing series of complimentary ulterior transactions progressing to a well-defined and predictable outcome."⁷² They are differentiated from procedures, rituals, and pastimes by two main characteristics: (1) their ulterior quality and (2) the payoff.⁷³

These games, with new ones being developed all the time, "are sandwiched, as it were, between pastimes and intimacy."⁷⁴

⁶⁹Berne, Games People Play, p. 35.

⁷⁰Ibid., p. 36. ⁷¹Ibid., p. 41.

⁷²Ibid., p. 48. ⁷³Ibid.

⁷⁴Ibid., p. 171.

Awareness is the capacity to see one's surroundings as they actually exist and in one's own way, rather than as one was taught.⁷⁵

Spontaneity means option, the freedom to choose and express one's feelings from the assortment available (Parent feelings, Adult feelings and Child feelings). It means liberation from the compulsion to play games and have only the feelings one was taught to have.⁷⁶

Intimacy means the spontaneous game-free candidness of an aware person, the liberation of the eidetically perceptive, uncorrupted child in all its naivete living in the here and now.⁷⁷ "Intimacy requires stringent circumspection, and is discriminated against by the Parent, Adult and Child."⁷⁸

This game-free autonomy as described above is the goal of transactional analysis.

The most common game played between spouses is called by Berne, "If It Weren't For You."⁷⁹

Berne describes this game as involving "interminable attacks and counter-attacks."⁸⁰

"If It Weren't For You" is a two handed game and calls for a restricted wife and a domineering husband. The wife may play her role either as a prudent Adult (It's best that I do as he says.) or as a petulant Child. The domineering husband may preserve an Adult ego state (It's best that you do as I say) or slip in a Parental one (You'd better do what I say).⁸¹

⁷⁵Cf., Ibid., pp. 178-180. ⁷⁶Ibid., p. 180.

⁷⁷Ibid., pp. 180-181. ⁷⁸Ibid., p. 171.

⁷⁹Ibid., p. 50.

⁸⁰Berne, Transactional Analysis, p. 102.

⁸¹Berne, Games People Play, p. 54.

The game "If It Weren't For You," in its most dramatic form, is a Parent-Child game at the social level. At the psychological level the relationship is Child-Child.

Social Level:

"Mr. White: You stay home and take care of the house.

Mrs. White: If it weren't for you, I could be out having fun."⁸²

Psychological Level:

"Mr. White: You must always be here when I get home, I'm terrified of desertion.

Mrs. White: I will be if you help me avoid phobic situations."⁸³

The two levels are illustrated in Figure 5.⁸⁴

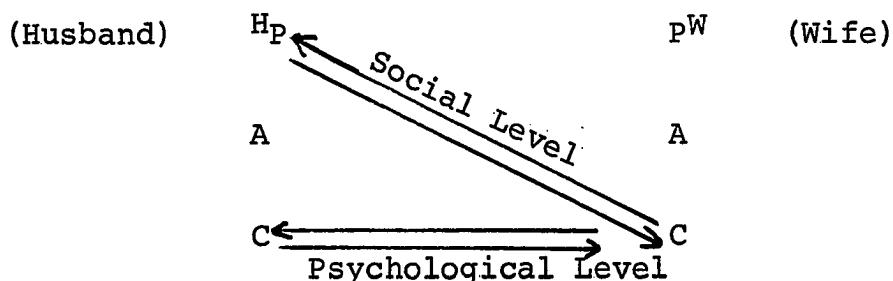


FIGURE FIVE

GAMES AT SOCIAL AND PSYCHOLOGICAL LEVELS

The general advantages of a couple continuing a game "consist in its stabilizing (homeostatic) functions."⁸⁵

". . . psychological stability is reinforced by the confirmation of position." The husband's role in "If

⁸²Ibid.

⁸³Ibid., p. 55.

⁸⁴Ibid., p. 56.

⁸⁵Ibid.

"It Weren't For You" is reminiscent of a backhanded slap (quite different in effect from a palmar slap, which is a direct humiliation), and the wife's response is something like a petulant kick in the shins.⁸⁶

There is the confirmation of the wife's position that "All men are tyrants."⁸⁷

This position is a reaction to the need to surrender that is inherent in the phobias, a demonstration of the coherent structure which underlies all games.⁸⁸

The husband's position is confirmed as being in control of his wife (giving him a sense of power in contrast to his underlying weakness) and having her as an object of security to ward off his fear of desertion.

One spouse, usually the one in the restricted and submissive position, grows weary of playing the game. The payoffs or advantages do not continue to outweigh the pain of the struggle and restrictions involved in the game. Not only the pain and monotony of being restricted may enter into this, but the view that there might be a more satisfying type of existence.

Thus, in the game, "If it weren't for you," usually, the wife first becomes tired of playing the game. She may call a halt to the game in several ways. She, for example, may desert the husband for another man, file for divorce, seek some form of counseling, kill herself, kill her

⁸⁶Ibid.

⁸⁷Ibid.

⁸⁸Ibid.

husband, use an emotional outburst of some sort to drive him out of the home, etc.

In three and possibly four of the above examples a third force from outside the home is used as "a weapon" in helping the wife gain the upper hand or gain complete freedom from the losing game (power struggle) in which she is involved.

Characteristic is the fact that the person in the position of dominance is not ready to make any changes. If change is to occur, it usually involves some action of power exercised by the restricted party which thereby brings a third force into the marriage.

When the person in the restricted position threatens to stop playing the game or to bring in a third party, there is an increased attempt on the part of the dominant person with the use of "power" to bring the "weaker" person back into the restricted position and expel the "intruder" (third party). This may in some instances result in considerable "acting-out" and violence.

Mild moves to resist the game or change the relationship through counseling may be ignored and met with pressure from the dominant party or parties.

In some instances the strength of the partner wishing to keep the third force out is sufficient to terminate the counseling for both members of the marriage or for a

whole family. This makes it evident that when the family opens its system to a counselor and a team, that they need to move in quickly and at depth to gain a firm position so that they may interrupt the destructive power struggles. The limitations of one counselor holding weekly one hour sessions in the face of the fierce intensity of the negative interaction of some families would more aptly be called "therapeutic suicide." In a family there is the reinforcement of the system by not only the husband and wife but also by their children. In the relationship between the husband and wife there is essentially one power struggle in operation but in a family there is an intricate system of power struggles which often have a long history. On top of this, in some families there are active involvements with relatives, neighbors and friends that help to keep the old system of power struggles in operation.

Therefore, to view the marriage and family relationships in terms of games, which in some cases become escalating power struggles, helps the counselor give a more realistic appraisal of what he is stepping into as a third power force or therapeutic agent.

In addition, the Bernean approach offers a valuable means of clarifying the obvious dynamics within a marriage and a family relationship not only to the counselor but to the family. The clear conceptualization of family

dynamics by use of the Bernean diagrams serves, as especially needed at times in the initial phases of counseling, to move the family members from blindly acting out their emotions (with sometimes real physical danger involved) to talking feelings out and acting them out with awareness. The conscious acting out of their feelings may be encouraged through role-playing and gestalt-therapy approaches.

A needed corrective is present in this approach for ministers especially, as representatives of ethical and moral behaviors, to keep them from being drawn into a negative Parent-Child relationship. The answer provided by transactional analysis is that an emphasis upon responsible behavior (reality therapy) needs to be expressed at the "adult level" within a framework of "openness" and concern (intimacy). In general, the "Parent-Child-Adult" concept provides a way of clearly examining the relationships between team member's, between family members, between each team member and a family member, and between both the team and the family as units.

CHAPTER IV

CHARACTERISTICS OF INDIVIDUAL AND FAMILY CRISIS SITUATIONS

The crucial reason for the detailed study of the nature of crisis situations is pointed out in a statement already quoted (page 4 of this dissertation) from Caplan. He indicates that his study of psychiatric patients shows that those who have dealt with a crisis in a "maladjustive manner" are less "healthy" than before the crisis. Failures in successive crisis periods seem to accelerate eventual mental illness. However, successful handling of a crisis in the midst of a series of failures seemed to slow down their progression towards mental illness. This may be diagrammed in the following manner (Figure 6).

Caplan has outlined three programs for preventing mental illness and the effects of it. The programs outlined by him are essentially related to persons at three very general and interpenetrating levels of mental health or illness. These involve programs for reducing

(1) the incidence of mental disorders of all types in a community ("primary prevention"), (2) the duration of a significant number of those disorders which do occur ("secondary prevention"), and (3) the impairment which may result from those disorders ("tertiary prevention").¹

¹Gerald Caplan, Principles of Preventive Psychiatry (New York: Basic Books, 1964), pp. 16-17.

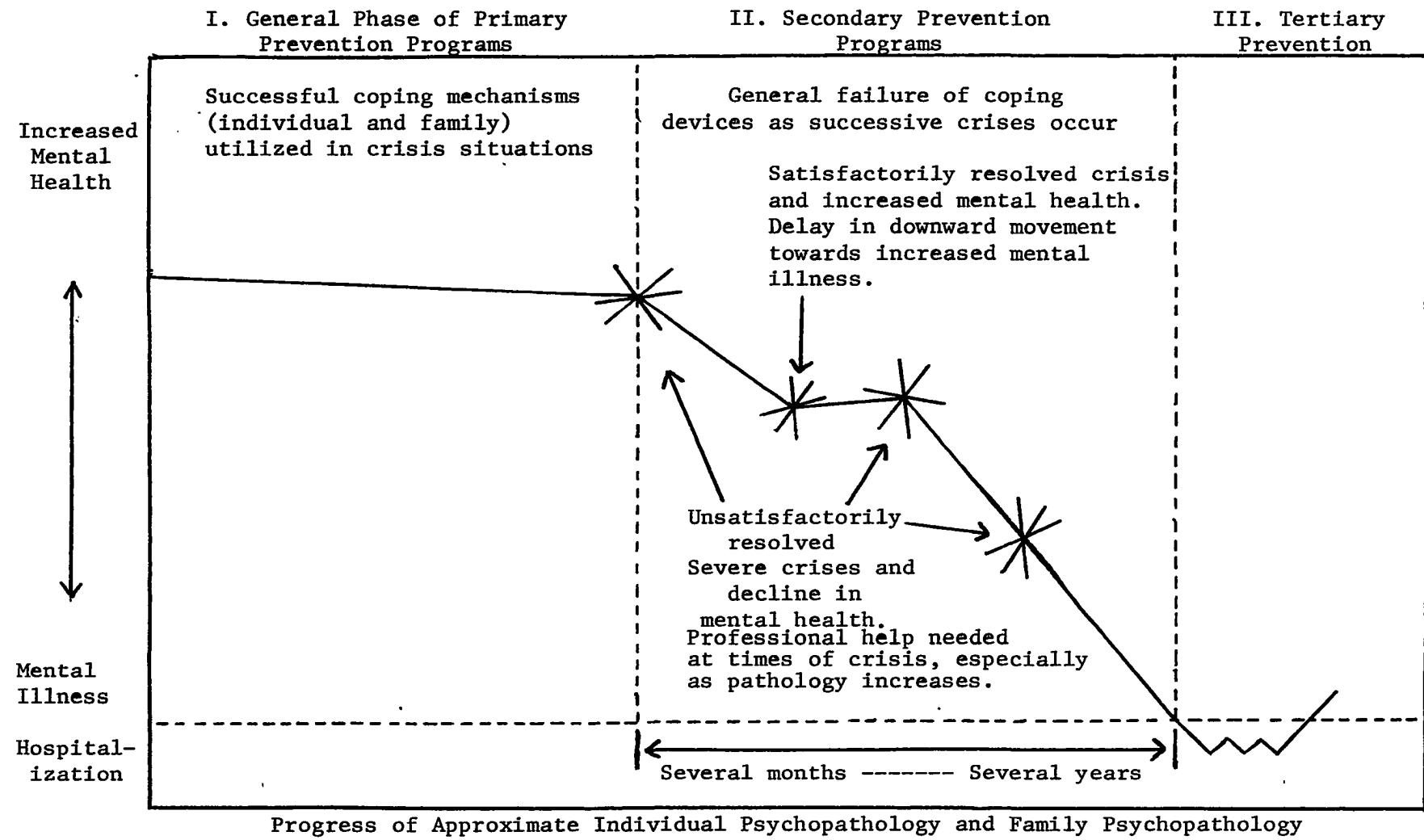


FIGURE SIX

CRISIS-PSYCHOPATHOLOGY SCALE

Caplan's outline of preventive programs would seem to generally be placed upon the above diagram with his period of primary prevention being generally aimed at the category where individuals or families seem to be functioning at a relatively high level of mental health--being able to meet effectively most of the crisis situations arising out of their psychopathology and from other sources. The main purpose of a preventive program at this stage is to help individuals and families meet stress producing experiences successfully so that their general level of mental health is maintained and improved.

The aim of secondary prevention is the early diagnosis and effective treatment of mental disorders in their early stages.² This can be achieved by (1) sharpening of "diagnostic tools" so that disorders may be identified from fewer and milder signs and symptoms, (2) alerting "suspected sufferers and their social networks" (especially families) as to the indications of a disorder and motivating them to secure treatment, and (3) making community facilities available without delay to diagnose and treat mental disorders.³

²Ibid., p. 89.

³Cf., Ibid., p. 91.

The central focus of this chapter is upon crises as they are related to the area of secondary prevention. However, crises at the primary level of prevention will be considered at times because of their close relationship to secondary prevention.

Caplan indicates that

every crisis presents both an opportunity for psychological growth and the danger of psychological deterioration. It is a way station on a path leading away from or toward mental disorder. The outcome of the crisis depends on the resolution of a complex of conflicting forces during the period of disequilibrium. Some of the forces originate inside the individual and relate to his personality structure and past biopsychosocial experience. Some of the forces originate in his current environment, particularly changes in the intensity of the hazardous circumstances and the help or hindrance of other people, his family and friends, and those formal and informal care-giving persons to whom he may turn.

There are three aspects of crisis particularly significant for primary prevention:

1. The outcome of a crisis is in most cases not determined by its antecedent factors, such as the nature of the hazard or the personality or biopsychosocial experience of the individual. These factors load the dice in favor of a good or bad mental health outcome. But what actually occurs depends on the interplay of endogenous and exogenous forces in the course of the crisis. External intervention during the disequilibrium of crisis may counteract the loading of the dice and may lead to an unexpected result--good or bad.

2. During the crisis, an individual experiences a heightened desire for help, and the signs of his distress evoke a helping response from those around, which seems like a primitive biosocial reaction.

3. During the disequilibrium of the crisis, a person is more susceptible to influence by others than during periods of stable functioning. When the forces are, as it were, teetering in the balance, a relatively minor intervention may weigh them down to one side or the other. The resulting steady state will then be relatively stable.

Crisis therefore presents care-giving persons with a remarkable opportunity to deploy their efforts to maximum advantage in influencing the mental health of others.⁴

In the area of primary prevention which predominantly involves those who have supposedly maintained a relatively high level of mental health (including an ability to solve their past crisis situations), Caplan states that factors "in" and related to the process of the immediate crisis situation seem to have more influence than "antecedent factors." The implication which Caplan gives seems to be that the past mental health or psychopathology have relatively little significance at this level except to "load the dice" slightly in one direction or the other.

For those who have a very high level of mental health and have accumulated many past experiences in resolving crisis situations the "dice would seem to be loaded" in the direction of a satisfactory resolution.

However, if one is well into the second level at which "preventive psychiatry" is directed and the

⁴Ibid., pp. 53-54.

individual and/or family psychopathology has progressed towards increased mental illness, then the antecedent factor of the psychopathology plays a larger role in hindering the resolution of crisis situations. At the secondary level, individual and family systems are sometimes more open to help in crisis situations (because of the increased "mental distress") than they were in crises at the primary level. Thus, there may be added possibilities (an increased need) for a skillful therapeutic intervention, not only to facilitate a successful working through of an immediate crisis but also to effect considerable resolution of the antecedent psychopathology in the same or small additional amount of counseling time. The potential for this to happen would depend on one's awareness of the extent of the past psychopathology as a factor in the present crisis and one's skill in working with this in the process of resolving the present crisis. This idea is based, in part on Caplan's statement that many old problems or crisis situations may have been adequately handled and may serve "as guides to successful current action."⁵ Just as adequate means of handling a crisis may be drawn upon, the analysis of a failure in a

5Ibid., pp. 41-42.

past crisis may also result in recognition of the necessary insight and behavior which would have been required and will now make a difference in the present crisis. The despair of a failure in a past crisis seems to give added motivation to not "fall into the same trap again." Caplan indicates in his section on "secondary prevention" that "excellence is the enemy of the good" in a community program.

We must be prepared to accept modest goals for the individuals whom we treat in order to spread our help to as many as possible. Moreover, we must conceive of the intervention of mental health specialists and their services as a beneficial factor temporarily introduced into the lives of our patients which will help them handle their current difficulties better than if they had faced them on their own, rather than as a limitless force of change which will remake them to conform to some ideal image of health or maturity.

Few psychotherapists in this country who treat neurotic patients would accept removal of symptoms as a sufficient goal for their treatment. They would try to help the patient deal with the conflicts which led to the symptoms and develop new ways of problem-solving so that similar conflicts in the future would not have to be dealt with by psychopathological mechanisms. . . . As long as we have him in treatment, we feel that it would be valuable to help him improve in these other areas, which in fact may seem more significant than the problem that first brought him to our attention. Characteristically, this leads to a psychotherapeutic process with no clear end point; treatment ends when the patient no longer wishes to continue or when the therapist's skill is no longer effective in solving his deeper problems.⁶

⁶Ibid., pp. 108-109.

Caplan however does not indicate definitive guidelines for terminating crisis intervention treatment. He states that we must accept modest goals but does not define what they are except to state that the European psychotherapist would terminate treatment after the current disequilibrium with the expectation that there might be an occasion for further help at a later time. This goal might be acceptable in a relatively stable period (with a stable history of meeting crises) in which the individual and family psychopathology has remained on a rather constant level. (See Figure 7.)

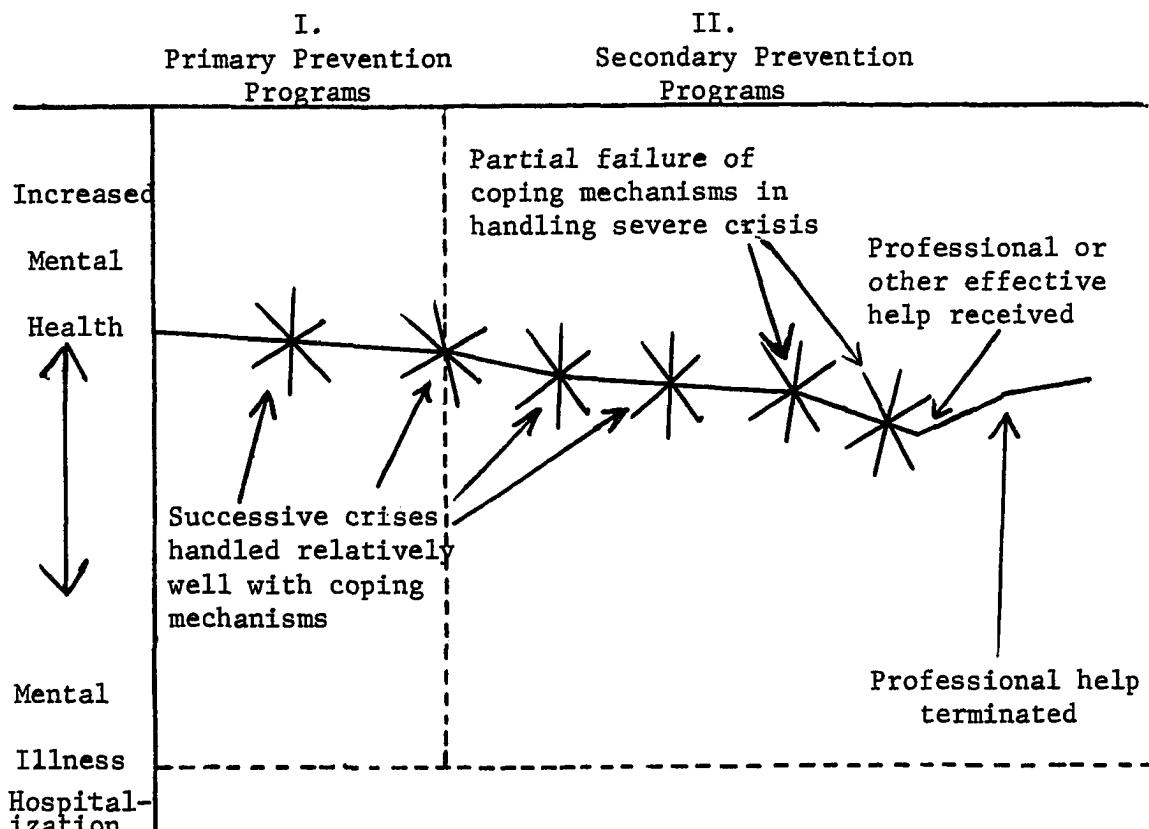


FIGURE 7

INDIVIDUAL AND FAMILY PSYCHOPATHOLOGY ON CONSTANT LEVEL

However, if the individual and family psychopathology has steadily been on a downward progression over a period of several months to several years, then a more critical appraisal needs to be given and the treatment adjusted accordingly (See section under "Secondary Preventive Programs" in Figure 7).

Premature termination of counseling may mean a delay in the downward progression towards increased mental illness which will again be speeded up by future crises and reinforced in the downward trend by the added psychopathology (See Figure 6). However, in some cases after a strong downward trend, termination may safely be achieved if the crisis intervention has been effective and if community resources have been activated to hold the individual and/or family "in tow" so that they are "pulled" and assisted in a trend towards increased mental health.

The development of an intensified team approach is aimed at fulfilling the suggestion by Caplan that

case-finding and early diagnosis are only a value in secondary prevention if they lead to prompt and effective treatment. The availability of appropriate treatment resources is usually the limiting factor in the program, and no case-find, particularly by means of referral to services for psychiatric diagnosis, should be allowed to define more cases of mental disorder than can be dealt with therapeutically by existing services. . . . The definition of a case as psychiatric may itself be a weakening procedure, and is only advisable if it is immediately followed by the offer of treatment.⁷

⁷Ibid., p. 105.

This suggests that ministers of churches in local communities have a special vantage point for both recognizing the need of treatment for individuals and families and for offering this treatment (that is, if they are prepared to give it).⁸

Some local churches and denominations have recognized the unique position of the church in "relating" to the increasing mental health needs of our growing urban population and have attempted to meet these needs by establishing counseling services within local communities as an extension of their ministry to the needs of troubled persons.

The intensive team approach, as designed in the next chapter, is meant to be of special functional relevance in equipping local ministers and pastoral counseling services and other professionals in the counseling and psychotherapeutic fields with a more effective means of gaining prompt and successful intervention especially in family crisis situations at the level of secondary prevention. This approach to crisis intervention is developed

⁸Further significance is given to the role of clergymen by the number of persons who seek help from their ministers. A study which was cited in the first chapter of this study indicated that as many troubled people seek counseling from clergymen as from all other helping professions. Gerald Gurin, Joseph Veroff and Sheila Feld, Americans View Their Mental Health (New York: Basic Books, 1960), p. 307. Clinebell estimates that churches and their ministers have face-to-face relationships with over 120,000,000 adults and

in such a way that it may be extended to include limited role-adjustments within family relationships where the psychopathology has been steadily increasing before the crisis and is likely to continue to become more severe even after the current crisis has been resolved.

youth in our country. This is more than any other institution in our society. Howard J. Clinebell, Jr., Mental Health Through Christian Community (New York: Abingdon Press, 1965), p. 14.

CHAPTER V

AN INTENSIVE TEAM APPROACH TO CRISIS INTERVENTION AND LIMITED ROLE-ADJUSTMENT IN FAMILY COUNSELING

I. RATIONALE

Deeply ingrown and destructive patterns of relating which have existed for many years are readily evident in numerous families seeking help. The counselor may find that in spite of all the counseling skill and all the emotional and spiritual maturity which he could conceivably possess, he still would be inadequate to interrupt the destructive self-feeding cycles of some families.

James L. Framo in his experience at the Family Therapy Project, Eastern Pennsylvania Psychiatric Institute, writes:

We frankly admit moreover, that the team approach was probably originally created more for the security of the therapists than for the family, for if therapists cannot be secure they will diminish their usefulness to patients. The security of the team relationship is a necessary resource, in our judgment, because family therapy, especially on a long term basis can create strong and alien feelings which can be profoundly disturbing. The system of the family is much more powerful and practiced than that of any therapy team.¹

As pointed out in a previous section the counselor or the team of counselors may be described as a "third

¹Ivan Boszormenyi-Nagy and James L. Framo, Intensive Family Therapy (New York: Harper & Row, 1965), p. 198.

power force" which will hopefully interrupt the destructive family interaction and will enable the family members to move to new experiences of relating which are mutually satisfying. Thus, the major aim of this chapter is to explore how the strength of this "third power force" can be increased as a therapeutic agent to relate more effectively to families in a crisis and who need to experience some modifications in their relationships in order to resolve their crisis.

Because of its nature, this intensified approach would seem to have some advantages for meeting the particular problems of counseling with the poor and culturally deprived. At the time of crisis a lower socio-economic family may be more open to help. However, when the intensity of the pain from the crisis is reduced, the families without the middle class sense of responsibility, or motivation for maintaining the conventional weekly appointments, drop out without notice and may not return except for the motivation of some future family crisis. With this added complication, plus possibly just as strong a system of power struggles as a middle class family, the need is even more evident for an intense and specially equipped therapeutic agent to move into the family structure at all levels quickly when the structure opens itself up to receive help.

The objectives of the intensified team approach to family counseling are:

1. Quick and thorough intervention in a family crisis by relating to family members individually and as a total family. This also entails the team's significant involvement with the family by means of the additional length of time spent with them in counseling and by the combined use of counseling skills represented by the various team members.
2. The quick identification of the psychopathology of the total family and how the family members interact in the dynamics of the pathology. A more comprehensive evaluation can be given by viewing the individual and family pathology both through the individual family members and from seeing the family as a whole.
3. A more thorough catharsis of feelings of hostility, guilt, and despair accompanied by the more intense establishment of rapport in the first sessions. This would be the unique contribution of the individual sessions.
4. Increased "ego strength" or self-esteem gained by family members so that their ability may be increased to work on their individual and family problems. This also would be promoted by a supportive relationship through the rapport established, especially in the individual sessions. In addition, family sessions provide opportunities for each

counselor to support the family member he is counseling with individually. This may be done by speaking out on his behalf, by drawing him out by asking what his feelings are in a certain area, or by clarifying, restating, or "amplifying" what he has said.

5. Increased opportunities for the "acting-out" and verbalization of feelings and insight. Role-playing has been found to be especially valuable by Riessman and Goldfarb in helping deprived children verbalize their thoughts and feelings. This should apply to adults as well.

In role-playing sessions we have had occasion to observe that the verbal performance of deprived children is markedly improved in the discussion period following the session. When talking about some action they have seen, deprived children are apparently able to verbalize much more fully. Typically, they do not verbalize well in response to words alone. They express themselves more readily when reacting to things they can see and do. Words as stimuli are not sufficient for them as a rule. Ask a juvenile delinquent who comes from a disadvantaged background what he doesn't like about school or the teacher and you will get an abbreviated, inarticulate reply. But have a group of these youngsters act out a school scene in which someone plays the teacher, and you will discover a stream of verbal consciousness that is almost impossible to shut off.²

One other value of role playing is that it allows for honest, open manipulation.³ In the "safe" play acting

²F. Riessman, The Culturally Deprived Child (New York: Harper & Row, 1963), p. 77.

³Frank Riessman and Jean Goldfarb, "Role Playing and the Poor," Mental Health of the Poor (New York: Free Press of Glencoe, 1964), p. 343.

of a role-playing situation, otherwise "hidden" and explosive feelings may be safely exposed and expressed in behavior and words. New feelings and new types of behavior may be tried out with mutual feelings of satisfaction being expressed by team and family members. Thus, role-playing provides a "safe" way of "working through" emotions which possibly have been verbalized in individual sessions but are too intense and "dangerous" to be expressed directly in family sessions. Thus, the verbalization in the individual session would be a first step and then the role-playing would serve as a further step in leading to the open verbalization of feelings in the family situation.

A further discovery of Riessman and Goldfarb about the use of role-playing is that "the more preparation and discussion there is prior to role playing, the more resistant and fearful low income people become."⁴

6. To provide a more intense ally to the constructive efforts of the family by enlisting them as "active experimental partners" in the therapeutic process. The team's goal would be to help the family members reach such a point of self-awareness and of skill in communicating with openness and honesty that they can proceed without outside help.

⁴Ibid., p. 344.

An additional value of this approach is to bring to the assistance of a counselor who is floundering in a family's intense system of power struggles, the rescuing help of the team. After the family counseling process is well established, then the team may withdraw, leaving the original counselor or one of the team members with him, depending upon the feelings of the counselors, their evaluation of the family, and the state of the counseling process.

Other than the value derived by the families helped by this approach, this would seem to be one of the most effective ways to increase the counseling skills of persons in the community actively engaged in counseling. A minister or other professional person may individually find some valuable help in discussing cases with a consultant, but the opportunity for the consultation to accompany a team's dynamic involvement in a live counseling situation would seem to multiply and intensify the experiences for learning more effective counseling skills and discovering counter-transference problems.

Some possible dangers and difficulties in an intensive team approach to family counseling are:

1. Lack of confidence and rapport between the team members. If this exists there would be a tendency for communication to be stifled between team members and a possibility of games being played instead of there being a relationship of awareness, spontaneity and intimacy.

2. Lack of background by team members in counseling with both individuals and families. If a team member lacks background in family counseling but has some skill in counseling with individuals, he might work at first with one of the family members (preferably one not directly involved in the present family crisis) in the individual sessions. Then in the family sessions, he could be an observer for the most part until he becomes familiar with the family counseling process.

3. A tendency for the family to become overly dependent on the team and for the team to encourage this without being aware of what is happening. However, there would seem to be less danger of this with a team than with a counselor by himself with an individual or a family.

4. A tendency, if all the counselors are active, especially in the first family sessions, to stifle the open interaction of family members. The authority represented in the team members and their ability to express themselves could be overpowering and very threatening to the family. This would be intensified if probing questions are asked which the family members are not ready to handle. A solid relationship of trust and rapport must be established before the more threatening and "emotionally charged" areas can be explored.

5. Closely-linked to the previously mentioned danger is the problem of resistance by some of the family

members to coming into the first as well as the following counseling sessions. This problem is heightened with the "poor" and culturally deprived who do not have an appreciation of the possible values derived out of counseling.

II. NATURE OF THE TEAM RELATIONSHIP

The strength of this approach rests predominantly in the "quality" of the relationship between the team members. The healing and reconciling process is possible to the extent that there is a relationship among the team members of a positive and functional congruency with game free relationships of spontaneity, awareness, and honesty. The developing of an effective team relationship is most crucial to this approach and the difficulty of establishing a "therapeutic" team relationship in a community setting may prove to be its major weakness.

We have in the team relationship a system which ideally is functioning at a high level of positive congruency. This "healthy" functioning system, "trained" to be a unified therapeutic agent, is brought into relationship with another social system, a family, which is functioning in a self-destructive nature.

Jung, as well as men before and after him, have pointed directly at the primary healing factor in the patient-therapist relationship as being the "rapport" between them.

The old hypnotists and Bernheim with his suggestion therapy were well enough aware that the healing effect depended firstly on the "rapport"--in Freud's terminology, "transference"--and secondly on the persuasive and penetrative powers of the doctor's personality. In the doctor-patient relationship . . . two psychic systems interact, and therefore any deeper insight into the psychotherapeutic process will infallibly reach the conclusion that in the last analysis, since individuality is a fact not to be ignored, the relationship must be dialectical.⁵

He sees the nature of the psychic system of the therapist, as he is engaged with the patient as a fellow participant in the dialectical process at depth, as the crucial factor in the treatment. Thus, because of the dialectical depth dimension between therapist and patient, Jung underscores that the analyst be analyzed.⁶ This would hold true for the team relationship in the sense that the nature of their ability to relate to each other would depend upon the extent to which they have individually and together experienced the dialectical process in creative growth producing ways.

As the intrapsychic state of the therapist is primary in individual psychotherapy, the nature of the interpersonal relationship is crucial in the team's ability to relate to a family in treatment.

⁵C. G. Jung, The Practice of Psychotherapy (New York: Pantheon Books, 1954), p. 9.

⁶Cf. Ibid., p. 8.

A key question in justifying a team approach is whether, in family treatment, the individual system of one counselor is the best possible means of treating family systems, especially those with extensive psychopathology. The thesis behind the use of a team is that the functional congruency and rapport which are present in the relationship system of the team are effective "ingredients" in more quickly and thoroughly catalyzing these same aspects in the family system. With this individual therapist counseling a family, he has just his own intrapsychic system and the relationship he can establish with the family members individually and as a whole. However, the team has the power of their own system which, as suggested in this study, not only intercepts the family as a unit but has the ability to relate to each intrapsychic system separately.

Virginia Satir suggests that the therapist is a "model of communication." One therapist, however, is only a very limited model of communication compared to what might be possible through a well integrated team. The developers of Multiple Impact Therapy have emphasized the importance of the team as a model of healthy group functioning to a family.

In its model role, the team has striven to behave in a manner opposite to that of a sick family: it tries to be self-conscious in its personal impact on the family, spontaneous in its self-criticism and self-correction, open to all points of view but incisive in its expression of what appears to be of

value, earnest and good-humored in debate, and firm but kindly in its confrontation of itself and the family with significant issues. The integrity of the team in dealing with itself in the presence of the family came to be viewed as a sine qua non in mobilizing the family to become more objective in insightful about its own interactions. The team discovered early in its work that if it dealt with itself matter-of-factly and good humoredly, the family would accept the same type of approach from the team, even when the team presented it with the most jarring facts. The team's interaction with the family differs from the conventional individual, group, and family therapy models in that it communicates about the communication process by extended example, thereby making concrete the give-and-take process that promotes recognition and resolution of interpersonal or intrafamilial difficulties.⁷

The individual therapist may be a good model of communication as suggested by Virginia Satir, but in families where individual and family psychopathologies are relatively severe, the transference distortions placed upon the individual therapist not only tend to activate his counter-transference problems but threaten to inundate him in a mass of distortions. He may exercise control, especially with families that overtly act out transference distortions, by the use of techniques (for example, taking a life chronology) and a certain type of "controlling relationship" to the family. However, this may only be a necessary control for a single therapist to exercise, but not necessary to the same extent with the presence of an effective team. By the presence of the team's own system, some control is

⁷Robert MacGregor, et. al., Multiple Impact Therapy with Families (New York: McGraw-Hill, 1964), preface XVII.

exercised without the team having to engage in added effort to "control" the family behavior. Unnecessary resistance by the family may be created by the control that an individual therapist must exercise at times. Instead of losing time in defensive efforts to "control" the family's behavior the team can be at work in dealing more directly with what this conflicting behavior means and in engaging the family in a process of resolving their conflicts and adjusting their role-relationships.

Control by an effective team is exercised by "creative involvement" with a family rather than having to use a number of more or less subtle ways to "control" the family which run the risk of being repressive. A parallel is found here in the studies about laissez-faire, democratic, and authoritarian leadership and teaching approaches by Kurt Lewin, Ronald Lippitt, and Ralph K. White of the University of Iowa.⁸ The laissez-faire approach is undesirable because the lack of structure and guidance only makes for mass confusion with very little being learned or accomplished. Application of the authoritarian approach is also undesirable in view of the fact that the students essentially carry out the ideas of the teacher and do not develop any motivation to learn or do anything on their

⁸William C. Morse and G. Max Wingo, Psychology and Teaching (Chicago: Scott, Foresman, 1955), pp. 195-201.

own. However, in a "democratic" group experience the leader is involved with both the total class in developing a sense of sharing mutual goals and responsibility, and with individual class members to stimulate their motivation in a project and encourage in numerous ways their active involvement in the "democratic" group experience.

The "democratic approach" suggests that the ability of the team to relate effectively to the behavior manifestations within both the family unit and the individual family members in turn stimulates the family as a whole to be motivated to work on their mutual problems and adjust their family relationships in mutually satisfying ways.

In general, a "rule of thumb" is that "appropriate" control is very necessary but undue control or lack of control would seem to limit the counseling process.

Satir talks about handling "loaded material" and proposes a number of ways to control these difficult situations.⁹ Granted this may be necessary and the techniques suggested by her helpful at times, there is another side of the picture which says that these defenses are functional. They are a "natural" expression of the interpsychic system of the family in a relatively complicated and sensitive inter-balance.

⁹Cf. Virginia M. Satir, Conjoint Family Therapy, A Guide to Therapy and Technique (Palo Alto, Calif.: Science and Behavior Books, 1964), p. 169.

Although appropriate control is necessary, this must be carefully balanced off with a "therapeutic outlook," such as one reflected within gestalt-therapy, that sees resistant behavior and defenses as serving a need and provides ways of resolving these resistances and defenses rather than trying to "control" them or to "explain them away."

A feature of a well functioning team is the ability of the team members to expose each other's "blind spots" (countertransference problems). The "growth process" within the team relationship results in the rescuing of each other from destructive countertransference problems. This may be a threatening process (a crisis provoking experience in the team relationship) but a necessary one if the team's growth in positive and functional congruency is to progress. This means an increase in their effectiveness as a "therapeutic agent."

A necessary experience to insure the health of the team's system is their active relationship with a consultant as an objective outside point of reference and as a catalyst to effect the team's continued growth in functional congruency.

Boszormenyi-Nagy and Framo have expressed that one advantage of the team approach as they have utilized it with co-therapists is the providing of the family members

with two "mature" parents.¹⁰ This not only helps all the family members work through their feelings and relationships with parent figures but serves as an example of the "open, spontaneous, and intimate" communication possible between parent figures and "their children."

The involvement of a third or even a fourth therapist of a team holds the potential of providing a symbol of the emerging or individuating self (Jungian) in the form of a "Hero" or "Heroine" figure. Those who become more closely involved in the individual sessions with the adolescent members of a family would tend to fall more into the role of being a symbol of the "emerging self." The example of a therapist, with whom an adolescent is more closely identified, engaging in dialogue with "the terrible parents" may serve as a powerful force for motivating the adolescent to resolve and modify his negative ways of relating to these "terrible parents." As the example of "heroic" encounter through dialogue and responsible behavior is shown by the counselor and tried out by the adolescents in the family, there is the opportunity to discover their parents as "good parents." The "creative" encounter of the parents with their own adolescent children not only helps to bring forth their "good side" as parents

¹⁰Boszormenyi-Nagy and Framo, op. cit., p. 199.

but also the "good parent example" set by the two "parent figure therapists" helps to do this.

III. GUIDELINES FOR THE BEGINNING SESSIONS

Pre-session conference and preparation. Before the first family session it is wise to have a team conference to discuss all available referral information. This would especially involve the impressions of the counselor who interviewed the parents and/or identified patient, and recommended them for family counseling. Further matters which need be decided upon in this conference consist of which family members should each counselor in the team see individually and who will be the leader in the family sessions. If the team has worked together before and feels that no designated leader is necessary with a particular family, then the team members may work together as co-therapists. After a team has become well acquainted and has become skilled in working together, a team relationship may evolve into one in which the members operate as peers. This may mean that leadership may shift from one team member to another in the progress of one session. The changing of leadership roles increases the value of the team as being a model of communication and being a force effecting adjustments in role-relationships.

However, to help avoid the dangers of the team seeming overpowering to the family and, on the other hand,

of the family becoming overly dependent on the team (turning their crisis problems over to the "experts"), the therapists may find it best if only one or two of them are active in the first sessions. Along this line, the taking of the family chronology in the first family sessions usually necessitates that that one team member be more active.

All the team members may become active during short periods of time, but for the most part, the primary responsibility for the interaction and the working through of family problems needs to reside with the family. The reason for this is based on Boszormenyi-Nagy and Framo's discovery that more beneficial change occurred in their work through the techniques and processes that encouraged more interaction between family members. In addition, the importance of the family actively working on their own problems is emphasized in John Bell's view of the therapist as a referee who tends to sit outside the family circle and only intervenes when necessary to assist in opening up family communication when it starts to break down.

Thus, especially in the family sessions, a creative balance needs to be sought after between the team's active involvement with each other and the family and the active involvement of the family being engaged in communicating with each other to resolve their mutual crisis and adjust their role relationships.

The length of the first session, if not already decided upon, should be firmly established along with a recommended time for the next family sessions.

This approach is meant to be open to changes in structure and counseling approach so that a variety of family situations can be effectively counseled and so that the counselors will be stimulated to develop and experiment with new theories of behavior and counseling. A most important value of any theory of personality and counseling is the degree to which it serves as a catalyst in evolving more adequate theories of personality and counseling.

Guidelines for the beginning sessions.

FIRST SESSION

Suggested length of this session:

Two to three hours.

<u>Time Schedule</u>	<u>Goals of counselors and experiences of Counselees</u>
First Hour	Begin with the introduction of the family to
45 minutes	the team and each member of the family to the
Individual	counselor on the team who will see him indi-
Sessions	vidually. Outline time schedule.
	Family members experience from the team an atmosphere which is warm, relaxed, and accepting.
	(The introductory part does not need to take more than five minutes.)

FIRST SESSION (Cont.)

Time Schedule	Goals of counselors and experiences of counselees
	Divide with one team member with each family member (unless decided otherwise) and go to separate rooms for the individual sessions.
	Explore how each individual family member felt about coming for counseling. How does he anticipate having a team of counselors working with his family? Focus on how the individual sees and feels about the problem or problems of the family. Ask what he would like to have changed in the life of the family, and what he would like to change about himself in relationship to the family.
	Especially encourage the expression and catharsis of negative feelings about the painful family relationships and himself.
	Some other matters to explore are: What has caused the problem, when did it start, and what brings your family to counseling at this time?
	If the person seems to be afraid to recognize and express his feelings, help him to begin to be able to feel the pain that he and his family are experiencing.

FIRST SESSION (Cont.)

Time Schedule	Goals of counselors and experiences of counselees
	In terms of the client-centered approach to counseling, be sensitive to the individual's internal frame of reference and how he sees himself in relation to his family.
	The counselee experiences that he is understood and accepted as a worthy person. He begins to sense that he can trust the counselor and the counseling process.
	Counselors with parents might follow the method of John Bell, if they so desire, and ask the parents to not comment on what their children say in the first few family counseling sessions, even if what they say seems wrong or immature. (This being necessary, along with some possible support from the counselors and restraint of the parents, to give the children courage to speak during the family sessions. In terms of Bernean theory this would be a step in cathecting the "adult" within the children.)
	The counselor indicates that what is shared in the individual sessions will not be brought up by him in the family sessions.

FIRST SESSION (Cont.)

Time Schedule	Goals of counselors and experiences of counselees
	The counselor needs to be sensitive to the ego strength of the family member he sees, in order to evaluate whether supportive or insight counseling is indicated. A relatively simple way of sizing up the ego strength of a counselee is to discover how he handles "everyday, garden-variety responsibilities." ⁹
15 Minutes Break	Short team conference to consider additional information and any anticipated crisis situation that needs special attention.
Second Hour	Family members all together with all members
45 Minutes	of the team present. One or two counselors
Family	sit in the family circle and the others sit
Session	outside the circle.
	A family history or chronology is taken in a style similar to that of Virginia Satir. This brings the family down to the present family crisis or situation.
	Explore, especially in terms of the present

⁹Howard J. Clinebell, Jr., "Ego Psychology and Pastoral Counseling," Pastoral Psychology, XIV:131 (February 1963), p. 29.

FIRST SESSION (Cont.)

Time Schedule	Goals of counselors and experiences of counselees
	<p>crisis, what has led them to come in for counseling. Deal again with feelings about coming in so that they may be brought out in the open and worked through. Encourage particularly the children to speak and express their feelings about the family problem.</p> <p>The team observes how the family interacts and handles their problems together. Overly strict, too permissive, and inappropriate forms of discipline are watched for.</p> <p>The family begins to sense that the team is understanding and accepting of them and the pain which they have experienced individually and as a family.</p> <p>Firmly advise the family to not discuss or say anything between the sessions and during the week about what the counselors have said or about what has happened in the sessions.</p>
15 minutes	Evaluate interaction in the family session
Break	and clarify and decide upon special concerns to be handled in the closing individual sessions

FIRST SESSION (Cont.)

Time Schedule	Goals of counselors and experiences of counselees
Third Hour	Individual family members are seen again by
30 Minutes	their respective counselors. The Father and
to	Mother might be seen together to get a better
45 Minutes	picture of their interaction and feelings
Individual Sessions	toward each other. With parents, deal with feelings they would have liked to express when their children gave their impressions of the family problem. This reduces their tension and feelings of not being discriminated against by the counselors or the counseling process, thereby allowing a deeper sense of trust and rapport to develop. In addition, they possibly will not have as much need to work out their unexpressed feelings on each other and their children during the week. If the parents are overly strict, this helps them to carry through during the week another suggestion (recommended by John Bell) which is to give in to the normal demands of their children which are within reason.
	With the children, let them express further feelings about their individual problems and their family problems. Encourage them to be

FIRST SESSION (Cont.)

Time Schedule	Goals of counselors and experiences of counselees
	aware of their feelings which were stirred up in the family session toward other family members and the counselors.

If the team feels that two hours are ample, then the "third hour" for the individual sessions might not be used or may be held later during the week. On the other hand, each of the one hour periods for the first session outlined above may be held at separate times, possibly one hour each day for three consecutive days.

The time schedule is flexible to the extent that it continues to facilitate the accomplishment of a main purpose of the team which is to establish an intensive relationship with the family. The degree to which it is difficult to interrupt the destructive tendencies of the family system is a general guide as to the required intensity of the team's involvement with the family in terms of time and counseling procedures.

In the time between the first and second sessions a team conference should be planned to review what transpired in the first session and to make plans for the next and following sessions. A major function of this conference should be to ventilate feelings between team members and reactions which have been stirred up by the family members.

Much of the success of the team will depend upon how thoroughly this is done.

The second session may be held the same day, the next day, or a week later, depending upon the decision of team and the nature of the family interaction and crisis.

The individual session is scheduled first with the intention that the emotional catharsis of negative feelings will enable more complimentary adjustments in attitudes and behavior to be successfully experienced between family members in their next session together. Also, possible insights and desired changes in attitude and behavior may be reflected upon and clarified in preparation for their being tried out in the family session.

SECOND SESSION

Suggested length--Two hours

Time Schedule	Goals of counselors and experiences of counselees
First Hour	Members of the family seen individually by
50 Minutes	the same counselors as before.
Individual Sessions	Ventilate any feelings and insights about the first session. Explore family experiences during the week, especially painful ones.
	Continue recognition of and catharsis of negative feelings. Use supportive counseling methods or encourage the uncovering of deeper

SECOND SESSION (Cont.)

Time Schedule	Goals of counselors and experiences of counselees
	levels of feelings and insight depending upon the ego strength of the individual family member and the goals of counseling decided upon.
	Help individual's to define more clearly what they would like to have changed in the family and how they see that this might happen. More specifically, explore what they expect of the other family members and themselves in relationship to their family.
	With parents, individually or together, explore their feelings about giving-in to some of the demands of the children. If necessary, encourage them to continue to do this for a while longer, and to not comment on what their children say in the family session the next hour. This approach may be used with just overly strict parents. The goal in some families might be to encourage the parents to start setting limits for their children. In these families the process may move more quickly to the phases of parent-child and father-mother interaction as outlined by John Bell.

SECOND SESSION (Cont.)

Time Schedule	Goals of counselors and experiences of counselees
	The father and mother may be seen separately or together depending upon the nature of their marriage relationship.
	The counselor will want to aid the counselee to become more secure in the counseling relationship. The family members to varying degrees may still feel uncertain as to whether this is a relationship that they can trust.
10 Minutes Break	Short team conference to raise any special concerns or make any modifications in their approach for the family session.
Second Hour	Family and team together. Team members may
50 Minutes	be more active in the family sessions now.
Family Session	Exploration of their experiences as a family during the week. Watch for differences in perceptions and feelings about what happened. Focus is placed on the feelings of the children and changes they would like to see in the family to make it more satisfying for them. This is in line with John Bell's second stage in family counseling.

Possibly another team conference will be desired between sessions. This would be especially needed if the family is still in the midst of a severe crisis and if the team isn't working together well. On the other hand, if the family is making good progress the team may want to have two of the team members continue with just family sessions.

THIRD SESSION

Suggested length--two hours

May be held a day to a week later.

Time Schedule	Goals of counselors and experiences of counselees
First Hour	Family members seen individually by same
50 Minutes	team members.
Individual Sessions	Husband and Wife possibly seen together by their two counselors.

Explore feelings stirred up by the previous session and by experiences during the week.

These feelings may be looked at in terms of "unfinished business," in other words, feelings not expressed and worked through in the last session or during the week in family experiences.

Keep in mind that encouraging the expression of feelings verbally and possibly by acting them out "with awareness," may be a step toward

THIRD SESSION (Cont.)

Time Schedule	Goals of counselors and experiences of counselees
	enabling each family member to express and resolve feelings in the family session. The "here-and-now" and "safe emergency" techniques of gestalt therapy are valuable resources in doing this.
	Encourage the parents to openly express their feelings in the family sessions if rapport has been firmly established with the children and they are expressing themselves freely in the family sessions.
10 Minutes	Short team conference to raise any special
Break	concerns and make additional plans for the family conference.
Second Hour	The family session may start by launching
50 Minutes	out on a common problem of the family already
Family	discussed in family sessions.
Session	Or, a counselor may review and summarize the unresolved issue the family would like to explore
	Continue to encourage parents to express their feelings if rapport has been firmly

THIRD SESSION (Cont.)

Time Schedule	Goals of counselors and experiences of counselees
	established with the children and they are expressing themselves freely in family sessions.
	In Bernean terminology, to cathect the "Adult," the negative feelings may need continued ventilation. These pent-up feelings may keep the family fixated at the "Parent" and "Child" levels with painful conflict in "crossed transactions."
	However, to be focused just on the negative side and the family pathology limits the potential of the counseling process. The family needs, through awareness of what is happening (Bernean diagrams and terminology may be introduced here) and by the positive areas of their relationship being focused upon, to discover new hope and motivation for adjusting behavior and attitudes toward each other. An appeal is made not only to the logical thinking processes of the "Adult side" but also to the positive and good within their emotional relationships past and present.

THIRD SESSION (Cont.)

Time Schedule	Goals of counselors and experiences of counselees
Furthermore, the special function of the team as a model of communication may be its most effective means of cathecting the "adult side" and encouraging open, intimate, and spontaneous communication.	

OTHER SESSIONS

Continue	One of the main purposes of the individual
Two hour sessions	sessions throughout the counseling process is to support and implement and adjusting of role-relationships to provide more mutual need
or	satisfactions.
One hour family sessions	Family sessions are to move through the rest of the stages which Bell suggests--the fourth stage being father-mother interaction, the fifth stage being sibling interaction and the sixth stage is family centered.

Further comments. The team has structured the counseling relationship for the crisis and then will need to restructure with the family after the immediate crisis. This restructuring, after the present crisis is resolved, seems to involve the consideration of several alternatives and the making of some clear decisions. These are:

1. Whether the family wants to stop counseling and use the team as a resource when another crisis may occur.
2. Whether the family wants to continue to work on some of the difficult areas together in extended family counseling.
3. Whether one or two members of the family want individual depth psychotherapy. If someone on the team has the background and time for this, he might work with one or more of the family members, or they might be referred to a psychologist or psychiatrist. There might also be the possibility of group therapy for one or more members of the family.
4. Whether the husband and wife might continue for marriage counseling.

As the family circumstances and climate changes the team needs to be aware of this and be ready to take the responsibility of helping the family clarify its reasons for continuing, not continuing, or making some other clear decision and arrangement.

A criticism leveled against those who are unstructured and disorganized in their counseling with troubled families is that this amounts to treating disorganization with disorganization and confusion with confusion.

IV. CASE STUDY

Identifying data: Mrs. R., a divorced, caucasian woman, age 38, referred herself to the counseling service as a result of a previous acquaintance with me while leading a group for single-adults in a nearby community where she resides. She had spoken to me about some of her problems at that time (two years ago) and I had told her that I would be available to counsel with her if she ever felt she needed some help. Her complaints at that time were about her son receiving low grades and acting "disrespectful" towards her and the other children.

Mrs. R. is a member of a "fundamentalist" church which is not connected to any denomination.

She works as a bookkeeper for a sporting goods store and earns a salary of approximately \$400.00 per month. She has a high school education and has taken courses in business training to learn bookkeeping and some secretarial skills.

Mrs. R. has been divorced approximately four years. Before her divorce she was married between eleven to twelve years. She claims that her husband was an alcoholic, ran around with other women, and was irresponsible.

Presenting Problem and The Nature of the Immediate Crisis. The motivating factor leading Mrs. R. to telephone for counseling was a series of increasingly difficult

encounters with her sixteen year old son Mark. The precipitating event which finally motivated her to call was an argument with Mark in which he used some very "crude" words on her. The night before the counseling appointment, Mark arrived home forty-five minutes after the time his mother had set for him. Mrs. R. had called the police to have them find him, but he returned home before being found by them.

Family Constellation:

Daughter - Betty - - - - - - - - - - - - - - - Age 9

Mrs. R's mother and an older sister live near her in the same community. Mrs. R. reports that when she was growing up as a child and adolescent that her mother was very domineering and punished her severely at times. On the other hand, she states that she felt close to her father who was not very expressive of himself. Mrs. R. doesn't remember seeing any expressions of either affection or anger being expressed between her parents.

Physical appearance and mannerisms: Mrs. R. is of medium build, grooms herself well, and dresses attractively. Mark is a well built adolescent of medium stature for a

sixteen year old. He has difficulty with rather severe attacks of asthma and seems to catch an excessive number of colds from which he finds it difficult to recover. In spite of his asthma and colds he participates in sports activities in his gym classes at school.

Previous Counseling: This counseling was done with the minister of their church (5-6 years ago) before Mrs. R.'s separation and divorce. She relates that her husband was successful in convincing the minister that she was sexually unresponsive to him. She feels that in the counseling process she took all the blame for their marriage problems. She claims that she then tried to be sexually aggressive towards her husband and that he ignored and rejected her.

First Session: Mrs. R. brought Mark into the first session. She proceeded to unload her anger at him regarding the previous nights experience in which he was fourty-five minutes late getting home. As a result she called the police to have them get him home. Mrs. R., in general blamed Mark for "all" that had happened in the recent past. She reported that he makes very derogatory remarks about her when she is trying to control him. In the session he would make short negative responses toward her whenever she would say something he especially didn't like. I told her to wait awhile to express herself and that I would like to

hear how Mark saw their situation. He angrily blamed his mother for not giving him more freedom, for not letting him get his drivers license, and for her excessive "nagging" and "talking at" him. At other times Mark would not be willing to talk much and would express through non-verbal facial and body movements, a passive-aggressive attitude of an angry nature. When he would become verbal, Mrs. R., in spite of my indications for her to keep quiet, would in a half whisper or openly say "you know that isn't true Mark." I then asked to see each of them individually for the rest of the hour because of the difficulty involved in Mark being able to verbalize his feelings and because of the uncontrollable nature of the interaction. Mrs. R. spent most of the time, when seen individually, ventilating her anger, frustration, and despair regarding Mark. Mark when seen by himself expressed further resentment towards his mother. On the basis of previous comments when they were seen together, the counselor asked what he saw as his reasons for not trying very hard to find work. He expressed that he wanted to be able to drive himself to work and that he didn't want his friends to see him being driven to work by his mother. He also said that the work would be too far from his home and that it would be too tiring for him to walk that distance.

The next sessions with them consisted of two forty-five minute individual sessions one after the other followed by a short fifteen minute session to reinforce a "ground rule" which had already been set forth in the first session. This "ground rule" was the need for them to not do any talking outside the sessions during the week about what they had said or what the counselor had said in the sessions.

The main focus of these two individual sessions was an incident of previous night in which Mark had ridden to San Diego to pick up a friend's brother in the Navy. They had tried to go over the border into Mexico and were stopped by the border police. They called Mark's mother and she was very upset with him.

The next session they were seen together and Mark walked out towards the end of the interview. Outside he wanted to fight with the counselor who in response expressed that this was a poor way to solve anything and that he wasn't mad at him anyway--that he was just trying to understand him and his feelings. In the session, before he angrily walked out, he and his mother had been expressing that he had been feeling very depressed at times not wanting to get up in the mornings or wanting to face life. The counselor (sensing a danger of suicide) had asked if he felt like doing away with himself at times.

In view of the rather intense feelings expressed while seeing both of them together and the need for the counselor to establish a more thorough sense of rapport with Mark, individual sessions were set with both of them for the following week.

Basic to the problem of establishing rapport especially with Mark were essentially four factors. (1) The intense competition of both Mrs. R. and Mark for the counselor's attention and approval. A rather strong transference with severe distortions were quickly established with the counselor. The counselor seemed to become a substitute father to Mark and to Mrs. R. a substitute husband. (2) That a firm empathetic relationship would be difficult, if not impossible, to establish with both Mrs. R. and Mark, if the counselor continued to see them together. (3) That both Mark and Mrs. R. were filled with very intense feelings of anger and frustration and that these at that time were major obstacles standing in the way of their being able to communicate productively at home and even begin to communicate in the counseling relationship. (4) That the most effective alternative available was to proceed with separate counseling sessions for both Mrs. R. and Mark in order to enable some of their very intense and distorted feelings to be relieved through their catharsis in a "safer" relationship with one counselor. After this immediate task had been accomplished to some degree and a

solid relationship of rapport established with both parties, the next counseling objective which was set was to bring the mother and son back together to open up further communication and effect further adjustments in their relationships. The mother was seen alone five times and the son six times once a week over a period of six weeks.

In the course of seeing the mother and son separately, several factors became apparent. (1) Mark expressed intense feelings of anger towards the emotional rejection of him by his father and the physical abuse the father vented on him in angry outbursts. He reported getting back at his father once by sneaking up on him and hitting him in the crotch. In addition, Mark reports that his father would be playing on the floor with his sisters and he would want to play with them. His father would push him away and call him some names. (2) Strong sibling rivalry in the home existed between Mark and his thirteen year old sister Cynthia. Mark sees his mother and sister as being united against him. (3) Mrs. R. according to her own expressions sees her husband's attitudes and behavior reflected in Mark. Mark has expressed in counseling that "she takes her frustration with Erni (the father) out on me." Mrs. R. has reported that he has angrily expressed this statement towards her.

First team-family session. After six weeks had passed from the last session in which Mrs. R. and Mark were seen together, a family session was scheduled in which Mrs. R., Mark, and Cynthia would be seen individually and together by a team. Before the family session a team conference was held in which the progress and dynamics of the case were reviewed. In addition ideas and feelings about the team approach were discussed by the team members. Much of this discussion centered around a paper outlining the theory procedures which are set forth in this study. This paper had been given to the other team members in advance for their study and preparation for working as a team.

Mrs. R. was assigned to Reverend Mr. David Reed, the minister of the Arcadia Congregational Church in which the Pastoral Counseling Service is located. Cynthia was assigned to Reverend Mr. Edwin Swenson, Minister at a church in another community and a student at the School of Theology at Claremont. Mark was assigned to Reverend Mr. Glen McCormick, Minister of Counseling at the Pastoral Counseling Service in the Arcadia Congregational Church and a student at the School of Theology at Claremont.

Special concern was given in making the assignment of Mark to Mr. McCormick. This was done upon the basis that more rapport had been established with Mark because of

this counselor's past counseling relationship with him. Rapport was seen as a necessary aspect in supporting Mark as he faced the "dangers" of entering into communication with his sister and Mother in counseling.

The family counseling session was scheduled for a Saturday morning. The individual sessions were to be held the first forty-five minutes followed by a fifteen minute team conference. The next forty-five minutes was scheduled for the family conference to be followed by a five minute team conference and concluding individual sessions lasting for forty minutes. The total time involved in counseling and team conferences was set for time period of two hours and thirty minutes.

At the time of the appointment, Mark, who had stayed at a friends house overnight, failed to return home the next morning to go with his mother and sister to the appointment.

Mrs. R. and Cynthia arrived thirty-five minutes late and explained the reason for their delay. They had called several places in an attempt to locate him but he was successful in disappearing in order to avoid the appointment.

After Mrs. R. and Cynthia were introduced to the team members, Cynthia was seen by Mr. Swenson and Mrs. R. was seen by Mr. McCormick. Considering the delay in getting the session started the team members decided to see

the family members individually for forty minutes followed by a 10 minute break and a closing family session lasting for fifty minutes.

In the individual session Mrs. R. expressed considerable anger and frustration about Mark's disappearance. She however said that this was relieved some when she realized her frustration was based on the fact that she felt like a failure because Mark disappeared and that he had failed, not her. Mrs. R. ventilated considerable frustration. In the process she expressed that she couldn't help comparing the lies and deceitfulness of Mark to those of his father. She spent considerable time justifying her anger, suspicion, and "talking at" Mark. She traced Mark's angry attacks back to early childhood stating that he would hit other children over the head with toys and bite them. She felt that he bit beyond normality and she tried everything to stop him. Mrs. R. stopped him by slapping him very hard in the mouth once when he bit her.

Mrs. R. reported that she planned for all her children except for the last one, Dave, who is now four years old. Her husband didn't want any more children after Mark.

Mr. Swenson reported that in his individual session with Cynthia that he talked casually with her about school, friends, and touched lightly on how she feels about Mark and her home life. His main goal was to establish a friendly feeling of rapport with her.

The family session consisted of Mrs. R., Cynthia and the three team members. Mr. McCormick opened by stating that the purpose of counseling was to enable their family to experience more satisfaction out of their relationships. The family chronology was taken much in the same manner as suggested by Virginia Satir.

Within this session the following significant matters were expressed and explored.

Ernie's, (Mrs. R.'s former husband) feelings of resentment towards Cynthia when she was seriously ill with spinal meningitis at age two were explored. At first, Mrs. R. did not want to express how Mr. R. responded to Cynthia because it might hurt her. She however said that Mr. R. was incapable of deep feelings, and that he seemed remote and didn't seem to want to visit Cynthia in the hospital. As proof of the fact that he wasn't capable of deep feelings, Mrs. R. said that when he received notice that his mother had died "he didn't shed a tear" and said, "Well, I just have one less parent."

Mrs. R. expressed her resentment that Mr. R. gave things to the children behind her back, especially, candy before church services. Cynthia expressed in a happy manner that her father used to give them all kinds of things. Mrs. R. didn't seem to be able to tolerate this and asked if he ever corrected her and the other children when they

needed to be, except for calling them "knuckle head," "stupid," "ignoramus," "blockhead," etc. Mrs. R. ventilated considerable resentment that she "had to do all" the disciplining. The team was very supportive of her at this point with all three counselors empathizing with her. This seemed to draw her feelings out more and help her feel understood. One revealing statement made by Mrs. R., is as follows, "I'm tired of being the one that does the correcting; the kids are going to think that you are the most wonderful guy." It became very apparent that Mr. and Mrs. R. were in competition for the attention and approval of their children. Mr. R. would try to win them over with candy and toys and Mrs. R. would pull them to her side by telling the children how bad Mr. R. was. This at times took the form of criticizing Mr. R. in the presence of the children.

According to Mrs. R., her husband never responded back to her much except to make an expression of, "esh--" with the turning of his head. Cynthia however reported that her father did scream back at Mrs. R. when they were arguing loudly at night, with her mother doing most of the screaming. Mrs. R. didn't remember his talking back at her. Mrs. R. expressed that she was "always talking at" her husband and that this is a reason she feels that she tends to talk at Mark.

While Mr. R. was in the home, there wasn't much that they did together as a family except to go camping about once a year at vacation time and to go out to dinner once in a while after church.

Mrs. R. reported herself as being more religious than her husband and that she was the one who saw to it that they had family devotions and grace at meal times.

The last two years were a miserable horrible experience. Their fighting was a constant thing.

Another major factor revealed within the family chronology was Mrs. R.'s experience with her own parents. Her mother physically beat her severely at times and the father was very quiet. She felt closer to her father and recalled several good things that she had done with him.

Mrs. R. saw herself when an adolescent as being bad and rebellious at times. She reported that she was often suspected by her mother and sister of having a "naughty" and "dirty" mind.

Second team-family session. Before the second family session with the team, Mark was seen individually by Mr. McCormick, and with the permission of Mrs. R. and Cynthia, the first portion of a tape recording of the previous counseling session was played. The reasons for doing this evolved out of the team conference following the first family session. The reasons consisted of a desired

reduction of Mark's fears that he was being "ganged-up-on" by the counselors and his family members, and the possible value of the tape as a catalyst in effecting Mark's verbalization of his feelings. The team felt that an attitude of openness about what transpired during the first family session would help to reduce his suspicion and fear of being involved in future family sessions with the team.

During the session in which part of the tape was played, Mark was more verbal and emotionally involved than in any of the previous sessions. Mark had a number of responses arising out of hearing part of the tape. These are as follows: (1) He felt that Cynthia was a "puppet in his mother's hands." (2) Before his parents divorced, he was at times on his father's side and then on his mother's side. (3) He ventilated anger towards his father, especially in regards to his father's showing strong favor towards Cynthia and rejection of him on several occasions. (4) He saw his father wipe tears out of his eyes when he received a notice that his mother had died. (5) He wouldn't come if Cynthia was in the family sessions.

In consideration of his resistance to coming to the first family session, the counselor did not insist that Cynthia be present at the next session and explored with Mark his feelings about his sister. Apparent was Mark's desire to have the attention of his mother and the counselor to

the exclusion of any rivalry from a sibling, especially Cynthia. This was respected in view of Mark's "turbulent" relationship with his mother and his "fragile" relationship with the counselor (Mr. McCormick).

The second family session with the team consisted of a two hour and ten minute period in which Mrs. R. and Mark were seen individually for the first hour. Mrs. R. was seen by Mr. Reed and Mark was seen by Mr. McCormick. This was followed by a ten minute break and an hour long family session involving Mrs. R., Mark, and both counselors.

Mrs. R., in her individual session with Mr. Reed, was encouraged to allow Mark to talk and express his feelings in the family session during the next hour. The content of the individual session with Mrs. R. centered around her guilt about engaging in masturbation and her frustration about her divorce.

Mr. McCormick's session with Mark was centered around his feelings about his school work, what he wants to do after finishing high school, and his plans to be a policeman. In terms of his school work he expressed that he intensely disliked one teacher who acted like "Hitler." He said that he liked his "German teacher" who is a woman but didn't like the subject. He said he didn't see what good it would do for him. Very intense anger was expressed about the vice-principal who, he says, everyone dislikes.

Mark reported that someone had fired some bullets into his office but he didn't happen to be in it. Then, he said that he hoped someone would "get him."

After getting out of school he wants to take a long trip with some of his friends and see the country. He then said that when he turns seventeen he wants his mother to sign papers so that he can go into the Marine Corps. After that, he expressed that he wants to become a policeman and possibly take some courses on police science at a junior college. In asking him how he became interested in police work he told about a man who lives across the street from his home who is in the California Highway Patrol.

A major issue which was raised at the end of the session with Mark was that he didn't want to ride to the counseling session with his mother because she kept "yelling" at him about his driving. He ventilated some of his feelings as he expanded on the details of the drive over to the counseling session. Mark agreed to have this subject raised in the family session with his mother.

The family session was opened by a suggestion that Mrs. R. and Mark give a descriptive outline as to what their home life is like on a usual weekday starting in the morning. Mrs. R. expressed that Cynthia is the first up and that she wakes the rest of the family. Mrs. R. then aroused Mark's resentment by saying that Cynthia doesn't

usually have luck getting him up. Mark retorted that he had been having asthma recently and that this interfered with his sleep. Mrs. R. then agreed that this was true but asked him why he always felt like going out with his friends in the afternoon and evening. Mark withdrew with a physical non-verbal movement as if to say that he could not respond to this.

Mrs. R. then brought up the matter of his refusing to wear some of his clothes which he had received as gifts and that, as a result, she has had to buy extra clothes for him to wear to school. He angrily responded to her saying that he would look like a "purple elephant" if he wore some of the clothes he had received. Both counselors responded to Mark at different points to draw out his feelings. This gave him a new sense of rapport with the counselors. He then opened up more fully with his anger towards his mother as if he "knew we were on his side" and were all aligned against his mother.

Mrs. R. brought up a neighbor's name and Mark responded with a sarcastic facial expression. Mark was asked how he felt about the neighbor and he nearly yelled, saying that his mother is always telling her about what he has done wrong and goes on and on about it. Mrs. R. defended herself by saying that she didn't talk much about Mark with her neighbor. Mark then angrily yelled back at

her about an incident in which he had heard his mother talking to her on the telephone. The counselors then attempted to clarify their feelings and to help both work through their feelings with each other. This was done in terms of Mark wanting to have his privacy and not wanting to hear his mother talk about him to neighbors while he can hear her. However, from his mother's viewpoint as expressed by her, she doesn't have any close friends except this neighbor and therefore needs someone with whom to talk over her difficulties.

Then, as discussed in the individual session with Mark, Mr. McCormick raised the matter of their drive over to the counseling session. Mark accused his mother of nagging at him all the way over--"watch out for this, watch out for that, slow down." Mrs. R. denied doing this and reported that she did make a couple of comments. However, she said, they were actually silent for most of the trip over to the session. The ensuing interaction was very intense regarding their conflicting interpretations as to what had transpired during the drive to the counseling session. Both counselors focused on this issue, trying to get a better understanding of the distortions on both sides and to help them experience a resolution of their conflict on this matter.

About three hours after the session Mrs. R. called me and expressed angrily that if Mr. Reed and I were going to take Mark's side and place all the blame on her that she was going to quit counseling. She continued by saying that she had taken all the blame when she and her husband had gone for counseling before their divorce and wasn't going to do it again. I expressed that we understood her side of the situation and that "because Mark finds it so difficult to express himself, we were only trying to find out his real feelings regardless of whether you or we as counselors feel that they are justified." I reassured her that we were not against her but were trying to enable Mark to express himself and to understand his feelings better. Emphasis was also placed on the idea that with their real feelings and conflicts out in the open that they would then be better prepared to resolve their differences together. This seemed to relieve her anger and enlist her continued participation in the counseling process.

Third team-family session. This session was held a week later for the same length of time and with the same schedule as followed for the previous session.

Mrs. R., during the individual session with Mr. Reed, ventilated some of her feelings about the previous session and about her relationship to her husband before and after the divorce. She also shared with Mr. Reed her enjoyable

experiences with a group for single adults within another church.

Mark in his session with Mr. McCormick was very withdrawn as if something had disturbed or angered him previous to his arrival. Mark revealed that his mother had refused to let him use the car the night before because he had missed two days of school as a result of not feeling well. When I asked how he was doing in school, he expressed that he wanted to get a job and go to night school to finish high school. I asked if he had talked about this with his school counselor. He said that he had not spoken to him and did not think it would do any good because "they [the school] just want to keep me in the regular session so that they can get more money from the state." "Don't you think they are interested in you at all," I asked? Mark angrily expressed that he knew they weren't interested in him.

The family session with Mrs. R. and Mark, together with Mr. Reed and Mr. McCormick, was started off with an inquiry as to how the week had progressed at home. Mrs. R. reported on several good experiences during the week and expressed appreciation for some yard work which Mark had done at home. In addition, Mrs. R. in the first part of the session engaged Mark in conversation about several events by asking about his opinions on what had transpired.

Mrs. R. then expressed that although the first part of the week had gone very well, the last two days had been difficult--especially last night when Mark asked for the car. She felt that in light of Mark's not going to school, because of his not feeling well due to loss of sleep with asthma, that he shouldn't be able to go out every afternoon and evening with his friends. Mrs. R. tended to talk excessively about this giving her opinions about Mark and his use of her car.

I asked her if she found it difficult to stop talking when she became involved with Mark. She turned to me and asked if I was telling her to "shut-up." Mark laughed. I said, "I just felt that your talking was uncontrollable for you and wanted to call your attention to it." She broke into tears and intensely cried for a while. Mr. Reed offered her a handkerchief and she refused it as if she was hurt by us and did not want any help from us. She then turned to me and said that I didn't understand her--that she had been ridiculed and kept quiet as a child so much by her mother and sister that only in recent years could she begin to express herself. She, while still crying, bitterly expressed more anger about her mother and sister.

Mark's facial expression and bodily position changed in such a manner that the impression was conveyed to both counselors of a shift from his previous attitude of

hostility to that of concern about his mother. At one point, Mr. Reed reported, Mark appeared to wipe a tear away.

Assurance was given to Mrs. R. that we were concerned about her and that we felt that she had been far more genuine and open to us and to Mark at this point than before when she was caught up in "talking at" Mark.

V. EVALUATION OF THE TEAM'S INVOLVEMENT
IN THE COUNSELING EXPERIENCES

Evaluation of the first team-family session. The team counseling experience in the first family session was influenced by several factors. (1) A predominant factor was that of Mrs. R. and Cynthia being unable to find Mark and their being late to the session. Mrs. R. was frustrated and angry about this. The individual session was valuable in that it helped her work through some of these immediate feelings which might have been difficult to express openly in the presence of the other two counselors who were new to her and would possibly be an added threat to her. (2) Another predominant factor was that the heart of the family conflict was not in the counseling situation because of the absence of a key figure, Mark. This meant that we could only work on the "outskirts" of the family system. The team members were in a family situation different from the one in which they expected to be working. This resulted in two main reactions from the team members. Those who were new to the case felt like they were not very involved in the counseling experience. They felt as if they took the role of being essentially observers. The minister-counselor who had worked with Mrs. R. and Mark from the beginning of the case felt some frustration and disappointment that the real core of the family problem was not present. Part of this frustration centered around

the fact that the intended use of this family counseling experience by Mr. McCormick for the purposes of research was disrupted to a certain extent.

The team members concurred after the session that if their designated family members had been seen by them individually and if the heart of the role-relationship conflict within the family system could have become alive by Mark being present that their involvement in the counseling situation would have been altered.

One major benefit seemed to result from the team's presence which wouldn't have occurred if Mrs. R. and Cynthia had been seen individually or together by one counselor. This is reflected, in part, the following dialogue at the end of the family session.

Mr. McCormick: This type of counseling situation is much different than your previous counseling. How do you feel about having three counselors in the same room with Mrs. R.?

Mrs. R.: Great--I've got an audience now, Mike would say.

All: Laugh.

Mr. Swenson: Is that honest?

Mrs. R.: Is that honest--laughing.

Mr. Swenson: You laughed, so I didn't know if you were kidding or not.

Mrs. R.: No--Mike would have said this. She's happy she's got somebody listening to her.
(laughing)

Mr. Swenson: That might be true--

Mrs. R.: I guess it is--I mean--everybody--is this abnormal. I talk too much.

Mr. Swenson: No I think that's beautiful you know. Somebody's listening to me. Three, four, five people are listening.

Mrs. R.: How about that.

All: Laugh.

Mrs. R.: That's probably true.

The significance which is seen in the above dialogue that Mrs. R. has felt in the past that she was not heard or understood by her mother and sister. In addition her weak father didn't stand up for her against her mother when Mrs. R. asked for his opinion on a major decision in her life. Then with her husband she didn't feel that he heard her when she talked to him. Ironically this seemed to become evidenced in numerous episodes during the last two years of their marriage in which she was screaming at him.

So the significance which stands out in regards to her relationship to the team is that she is not only heard with acceptance and respect by one person but by three. This of course applies to the family system in that the team's respect and appreciation for the family unit says that it is important and worthwhile and that each family member should give their most sincere effort to improve the life of the family.

A major factor lacking in the homes of the poor and culturally deprived (Mrs. R.'s family gives evidence of being culturally deprived) is the unanimous feeling by the family members that their family life is worthwhile. Transmitted from generation to generation is the instability of the family structure by which its members suffer frustration, emotional isolation, a distorted perspective

of reality, (moral and ethical responsibility included), and a general lack of dependable relationships which are "nurturing" and satisfying.

Provided in the system of the team is a dependable relationship in which family members, individually and together, are heard with respect and understanding.

Evaluation of the second team-family session. The use of the tape recording with Mark in a specially arranged individual session seemed to achieve the desired goals of reducing his fear of the family counseling sessions and helping him express his feelings. The individual session with Mark during the first hour of the "team-family session" contributed further to enabling Mark to ventilate his feelings and gain a sense of increased rapport with the counselor. This was considered to be a factor in supporting Mark's ability to express his feelings openly to his mother in the family session. Noticed by the counselors was the considerable improvement in the home situation after Mark's intense expression of his anger which "upset" his mother. This seems to parallel Boszormenyi-Nagy and Framo's experience, regarding the treatment of schizophrenics, that an interesting counterpart to the parent's shock is the marked and sometimes dramatic improvement of the identified patient (C.f., to p. 44 of this study).

Evaluation of the third team-family session. The individual session enabled Mrs. R. to work through some of her unresolved feelings about the previous counseling session and be able to participate more "productively" in the family session. One of her more "productive" responses in the family session appeared in her positive comment about their improved homelife and Mark's work in the yard. This seemed to give evidence, even in view of the conflict of the previous two days, that their relationships at home were more congruent and satisfying. An additional "productive" event in the family session arose out of the confrontation with Mrs. R. about her excessive talking about what Mark was doing wrong. This dynamically engaged Mrs. R. in struggling with her own difficulties (involving essentially her parental introjects) in a more realistic fashion instead of projecting them onto Mark (Cf. p. 43-45 of this work). The concerned response of Mark and his very helpful and protective attitude for the next few days towards his mother (as learned from a later contact) are similar to the results in the reports made by Boszormenyi-Nagy and Framo regarding the change in the identified patient's attitude to concern when the attention is shifted from his problems to those of a parent.¹⁰

¹⁰Cf. to pp. 41-47 of this study and Boszormenyi-Nagy, op. cit., p. 175.

Furthermore, a movement from stage to stage can be noted in the above counseling process which is similar to John Bell's family counseling phases of "child-centered," "parent-child interaction," and "father-mother interaction" (Cf. to pp. 19-21 of this work). For the most part, the child-centered and parent-child interaction phases were mixed together in this case study. The father-mother interaction consisted of the mother exploring unresolved past feelings about her husband and their divorce. Also, involved in this latter phase was a rather intensive look by Mrs. R. at her own inner conflicts. The most concise movement which could be recognized was the shift from the child-centered and parent-child interaction phases to what might be called a "parent centered" phase.

This case represents the application of an intensive team approach to a family system after a serious crisis had been resolved for the most part. Therefore, the purpose of the team's involvement was essentially that of effecting limited role-adjustments.

Due to the limitation of time and the matter of the case being in progress at the same time that this study was being written a report cannot be made on further sessions.

CHAPTER VI

THEOLOGICAL REFLECTION IN RELATIONSHIP TO AN INTENSIVE TEAM APPROACH

As was expressed in the first chapter of this dissertation, the "only relevance that really matters" to God and the church are the "deep needs" of persons and that this involves "making and keeping human life human."¹ Very similar to this is Tillich's statement that "Salvation of men--groups and individuals--is the ultimate aim of all divine activities in time and space."²

The development of this study and an intensive team approach to family counseling is an attempt to fulfill in part, the task set forth in the above statements.

What is the aim of this theological inquiry? As set forth by Karl Barth, the purpose of theological reflection is the "Self examination of the Christian Church with respect to its speech about God."³

¹Cf., p. 73 of this work.

²Paul Tillich, "The Impact of Pastoral Psychology on Theological Thought," Hans Hofmann, ed., The Ministry and Mental Health (New York: Association Press, 1960), p. 17.

³Philip Edgcumbe Hughes, Creative Minds in Contemporary Theology (Grand Rapids: Eerdmans 1966), quoting Karl Barth, Church Dogmatics (New York: Charles Scribner's Sons, 1956), I, 1, ch. 3.

Theology is not an end in itself; it exists in the context of the whole ministry of the church to scrutinize, purify, and inform the Church's preaching and teaching [the writer of this study would include the healing function and the koinoniac function of the church].⁴

Thus, the reason for this chapter at the end of a study of a specialized area within a segment of the Church's healing ministry, is to purify and strengthen this area as well as to help make it more relevant to the church's total ministry which has the singular goal of the "salvation of men."

A procedure which the present writer has attempted to follow throughout this study is to draw out the most essential and valuable contributions of each counseling or psychotherapeutic approach. This same endeavor will be followed in relating different theological view points to the team approach suggested within this work. John Cobb, in his book Living Options in Protestant Theology, has stressed the importance of emphasizing and synthesizing the important contributions of various positions.

I believe that genuine synthesis is possible when we limit ourselves to that which is the central positive insight of a great thinker and do not try to incorporate also all his peripheral and negative judgments.⁵

⁴Ibid.

⁵John B. Cobb, Jr., Living Options In Protestant Theology (Philadelphia: Westminster Press, 1962), p. 322.

I. EXPLORATION OF SOME THEOLOGICAL POSITIONS

Karl Barth. In view of the sharp contrast of the theology of Karl Barth to other theological positions, his work will be considered first.

Within the position of Barth we have an emphasis on what is seen as a huge chasm (diastasis) between God and man. Barth in his later work has emphasized that the most important thing to say about this chasm is that God has crossed it in Jesus Christ.⁶

For Barth God speaks from time to time through human proclamation which includes both preaching and sacrament.⁷ This is a mysterious fact which is at the basis of the church's ministry. Man can make no predictions about this presence by reason of the vividness or force of his preaching.

Revelation is God's Word or personal presence. As such it is identical with reconciliation. It is also identical with Jesus Christ. . . . God's presence is not to be understood as something available for human encounter. Much less is it available for human appropriation. It is sheer event that simply transpires according to God's sovereign freedom. There is no characteristic of man that can be understood as a capacity for God's presence in his Word. This possibility belongs entirely with God. God's presence is real presence in Jesus, in church, in sacrament, in Scripture, in preaching, in the elect. But in every case, it is a presence whose occurrence is wholly God's

⁶Cf., Harvey Cox, The Secular City (New York: Macmillan, 1965), p. 82.

⁷Cobb, op. cit., p. 174.

decision and which cannot be identified with any changes in the form or content of the earthly vessel. It is a presence to which the earthly vessel has no claim and which occurs or does not occur quite independently of all psychological or physical factors associated with the vessel. Hence it is a presence that can be believed or acknowledged only as and when it in fact happens.⁸

However, as already mentioned, Barth does state that from time to time God does speak (or reveal his presence) in human proclamation, which for Barth includes both preaching and sacrament.⁹

Barth rejects what he sees as the whole tendency of Protestantism since the Enlightenment to seek a broader base for its thinking than the objective Word of God and to find such a base in an understanding of man.¹⁰ He opposes the tendency of this trend to falsely identify God's word with human forms of its expression which in turn denies the whole idea of God's freedom to be God. God's presence isn't to be seen as a universal characteristic of man and of nature that may be judged as more or less present by some empirical or psychological criterion.¹¹

Thus, Barth attacks any theology which does not acknowledge the absolute freedom of the sovereign God. He rejects Roman Catholic ecclesiasticism and Protestant

⁸Ibid., pp. 173-174, stating the position of Barth, op. cit., I, 1, pp. 19, 24, 30, 177, 224, 234ff, 280, 282.

⁹Ibid.

¹⁰Ibid., p. 175.

¹¹Ibid.

orthodox Biblicism on this basis, whereas Neo-Protestantism attacked them on the basis of their threat to the autonomy of human thought and action.¹² Thereby, we see that Barth defends God's freedom from bondage to the church and scripture (even though he has promised us his presence in these), and even more so from being the universal property of man and nature.¹³

Barth, however, in his own way does adhere to scripture with unwavering loyalty but in a manner that distinguishes him from other theologians. When he appeals to scripture he appeals to it as a whole and "forbids us to interpret the whole Biblical witness in terms of one principle, however central this may truly be."¹⁴

This conscientious loyalty of Barth to the whole of the Bible's total and normative witness to God's Word must be stressed because it is this as much as anything else which distinguished Barth's position in general and in detail . . .¹⁵

There is for Barth no encounter with the Jesus Christ of A.D. 1-30 mediated by Scripture that then makes possible critical evaluation of Scripture. On the contrary, in accordance with God's absolute freedom he makes himself present for us now in the testimony to Jesus Christ in Scripture and proclamation. This event of God's presence which is God's Word is that which all life and thought within the church is directed in openness, obedience, and acknowledgment.¹⁶

¹²Ibid. ¹³Cf., Ibid., p. 175.

¹⁴Ibid., p. 178. ¹⁵Ibid., pp. 178-179.

¹⁶Ibid., p. 177.

Barth, however, found Paul's view of Christ and his theology to contain the matrix of a reconstructed theology. "This was, he said, the old religion of the early church and particularly of the reformers, Calvin and Luther."¹⁷

Thus, for Barth the beginning point is God and his disclosure of his presence through scripture, especially through the event of Jesus Christ. Man can not bridge the chasm to God. God always takes the initiative and discloses himself rather than being discovered. Man can only acknowledge that the event of God's presence has occurred. In Barth a "strictly supernatural occurrence is the basis for Christian existence."¹⁸ One can "affirm nothing about the cause of Christian existence that either presupposes or implies anything about nature or history as they are visible from any other vantage point."¹⁹ In addition one "must so formulate Christian faith that it has no implications that are in principle relevant to any perspective other than that of faith."²⁰

If one has experienced God as wholly other and as a supernatural event

in such a way that he can begin with it in his thinking, and if he further experiences his faith as in fact in total discontinuity with the world as

¹⁷Vergilius Ferm, (ed.), Classics of Protestantism, (New York: Philosophical Library, 1959), p. 511, stating the position of Barth.

¹⁸Cobb, op. cit., p. 320.

¹⁹Ibid.

²⁰Ibid.

seen from every other perspective, then he may be expected to reject Christian natural theology with full consistency and integrity.²¹

The writer of this study agrees with John Cobb's statement that

Since my own experience meets neither of these conditions, I must regard that which is systematically a living option as existentially closed to me. Further, I personally believe the faith of which we read in the New Testament did not have this total discontinuity in question.²²

However, in one of his recent writings, Barth along with his view about the absolute freedom of God, puts strong emphasis upon "God's sovereign togetherness with man."

God shows and reveals who He is and what He is in His Godness, not in the vacuum of a divine self-sufficiency, but genuinely just in this fact that He exists, speaks and acts as partner (without doubt the absolutely superior partner) of man. He who does that is the living God. And the freedom in which He does that is His Godness. It is the divinity which as such has also the character of humanity. . . . God's Godness rightly understood includes his humanity.²³

That divine ability, which works out and is represented in His existence in that superordination and subordination, is manifestly also God's ability to humble Himself, . . . His freedom to be in Himself and for Himself, but also to be with us and for us, to assert Himself, but also to surrender Himself, to be both completely august and also completely insignificant, . . . not only Lord but also servant, not only

²¹Ibid., p. 321, Christian natural theology will be considered in the next section of this study.

²²Ibid.

²³Karl Barth, God, Grace and Gospel (Edinburgh: Oliver and Boyd, 1959), p. 37.

Judge but also Himself the condemned, man's eternal King, but also His brother within time. All that, without losing His Godness in the smallest degree! Rather, all that just in the highest proof and manifestation of His Godness!²⁴

Barth further states that the promise and nature of God's partner relationship with man is revealed in Jesus Christ as we know him from the witness of Holy Scripture.

One thing is certain, that in Jesus Christ, as we know Him from the witness of Holy Scripture, we have not to do with man in the abstract. . . .--a God who in his Godness is nothing else than separated from man, nothing else than far from him and strange to him and therefore non-human, if not quite inhuman. In Jesus Christ there is no barrier on man's side upwards nor one on God's side downwards. Rather, what we have in Him is the history, the dialogue, in which God and man meet and are together, the reality of the covenant concluded, kept and completed by them mutually. In His one person Jesus Christ is at once as true God man's faithful partner, and as true man God's faithful partner, both the Lord abased to fellowship with man, and the servant exalted to fellowship with God, both as the Word spoken from out of the highest, most glorious Beyond, and the Word heard in the deepest, darkest Here and Now: both unconfused, but also undivided, wholly the One and wholly the Other. Thus, in this unity Jesus Christ is the Mediator, the Reconciler between God and Man.²⁵

If one embraces Barth's idea of God's sovereign togetherness with man and joins with him in his affirmation that from time to time God reveals himself through proclamation as he freely wills, then he must say that he also

²⁴ Ibid., p. 40.

²⁵ Ibid., p. 38.

does this from time to time through the healing ministry in which Jesus Christ himself actively engaged and through the koinoniac function of the church, also clearly emphasized in the New Testament.

If God does mysteriously reveal himself at times through the kerygmatic or proclamation function of the church, then this suggests that by the church also engaging in the diakonic (healing) and Koinoniac functions, God will have more channels to mysteriously make his presence known from time to time.

The position of the writer of this study is first of all that God has revealed in scripture that he does make himself known through the kerygmatic, diakonic, and koinoniac functions of the church and that this has repeatedly been acknowledged through the centuries and in the present situation of man. Man does not make God's revelation occur, but he can discover from existential experience and through reason under what conditions and in what processes it is more likely to occur, and can work to produce those conditions and to place himself in those circumstances in which he will increasingly be exposed to God's revelation. The writer sees this study as being located squarely in the position of attempting to discover the conditions under which the healing and koinoniac functions of the church's ministry might be enhanced in order to

facilitate God's revelation of himself and man's exposure to this revelation.

Therefore God is seen as being both transcendent beyond space and time and very immanent in space and time. To push the absolute otherness (transcendence) of God to an extreme so as to remove the risk of associating God too closely with any of the functions or aspects of the human person may run the risk of imposing human thought upon God as much as does the position of those who consider God as a universal property of man. God (as being transcendent and also immanent in the world, specifically in the human situation) is seen by this writer as most actively and importantly involved in the on going existential situation of the present as he is at work in the processes of human interaction and of the human mind.

The idea of the immanence of God and his involvement in the processes of human interaction is found more clearly in the theology of Wieman. Wieman will be considered within the larger context of Christian natural theology as outlined by John Cobb.

Natural Theology is a result of a compatible synthesis of faith and autonomous speculative reason.²⁶ This involves "theologically important conclusion of reason from generally accessible data which are confirmed by, or at

²⁶Cobb, op. cit., p. 18.

least compatible with Christian doctrine."²⁷ Thus, reason is the basis of natural theology. Revelation serves to confirm and supplement reason rather than being its ground.

This supplementary relationship is at least implicit in much early Christian thinking, wherever, for example, the convert assumes that the one God of whom he has learned in Greek philosophy is he who has revealed himself in Jesus Christ. Actually, certain aspects of Greek thinking about God had a considerable influence upon the formulation of even the official creeds of the church. Hence it must be said that natural theology has existed from the earliest days.²⁸

Thomas Aquinas with his excessive commitment to Aristotelian philosophy, gave classic statement both to the relation of natural theology to Christian revelation and also to the content of natural theology. His basic formulation about the unchanging, self-sufficient nature of God and revelation was made the semi-official position of the Roman Catholic Church.

The great body of American thought that still looks to natural theology stands between these polar positions: the Thomist, which thinks of God as transcendental and supernatural (the "Protestant" expression of the Thomist position is most clearly found in E. L. Mascall); and that of Wieman, which presents God as a process immanent in nature.²⁹

Objections to natural theology coming from both philosophers and theologians has been on the basis that attempts to understand God by reason are a betrayal of the God who revealed himself to us. Cobb in clarifying this

²⁷Ibid. ²⁸Ibid., pp. 18-19.

²⁹Ibid., pp. 31-32.

position states:

The God of reason is an idol of the mind and not the living God of revelation. Faith is not faith unless it is a leap beyond all reason and all calculations of probability.³⁰

Mascall is quite aware of this attack by Protestant theologians upon the enterprise that he advocates. He agrees that there is a real difference between the philosophic apprehension of God and the understanding of God given in revelation and worship, and that the former is poor and barren beside the latter. But he is quite sure that the God who is apprehended in these two different ways is the same God. We cannot meaningfully affirm that Christ is the incarnation or revelation of God unless we can explain what we mean by God, and although the most valuable part of our knowledge of God comes from the revelation in Jesus Christ, that part which reason provides is a necessary basis on which the rest can be built. The value of faith stems not from the irrationality of its object but from the humility that is required to see the truth which is accepted, and the courage required to act upon it.³¹

The Thomist's un-changing static view of God based on reason seems to run sharply counter to those who hold that Jesus reveals God as suffering for and with man. "The Bible, seems to present God as one who is in loving interaction with his creatures in such a way that he is affected by what happens to them."³²

Boston Personalism, in the middle ground of natural theology between the extremes of the Thomists and of Wieman, represents a more dynamic mode of thinking in which the

³⁰Ibid., p. 328, referring to E. L. Mascall, He Who Is: A Study in Traditional Theism (New York: Longmans, Green, 1943).

³¹Ibid., p. 36.

³²Ibid., p. 51, Cobb reacting against Thomist position.

immanence as well as the transcendence of God is stressed.³³ DeWolf's theology is presented by Cobb as being representative of Boston Personalism. DeWolf protests being classified in the category of Boston Personalism and prefers to be called an evangelical liberal.³⁴ However, Cobb because of his emphasis upon theological methodology and the relationship of theology to philosophy justifiably places DeWolf as being representative of this influential trend coming from Boston University.³⁵

DeWolf is emphatic in his conviction that theology should not dispense with natural theology.³⁶ "Basic Christian convictions are to be accepted on the basis of philosophy, as well as on the basis of specifically Christian revelation."³⁷

Thus, DeWolf also uses philosophical arguments for the existence of God as the foundation of his Christian theology and takes the "category of person as decisive for the strictist thinking about God."³⁸ However, the vast difference between the mind of a personal God capable of

³³Ibid., p. 60.

³⁴Ibid., p. 61, Cobb referring to L. Harold DeWolf, The Case for Theology in Liberal Perspective (Philadelphia: Westminster Press, 1959), pp. 31-41.

³⁵Cobb, op. cit., p. 61. ³⁶Ibid.

³⁷Ibid., p. 62. ³⁸Ibid., p. 61.

producing and sustaining our world and our own minds is pointed out.³⁹ DeWolf makes very strong affirmations about God's otherness.⁴⁰

Thomism regards its argument for the existence of God as leading to a conception of God's transcendence that enables us to accept all manner of occurrences in strictly supernatural and suprarational terms. Boston Personalism, on the other hand, basing its understanding of God upon rational probabilities, has no place for this kind of supernaturalism. Hence, in its theological expression, as well as in its philosophy, it limits itself to the rationally plausible.⁴¹

Cobb goes on to point out that "Personalism assumes as rationally given a set of beliefs that are in fact radically disputable" and that not only modern philosophers but spiritually sensitive moderns generally "feel an ultimate frustration and emptiness before personalism's staggering claims about reason's ability to know God."⁴²

It would seem on one hand that Personalism minimizes the gulf between man and God by imposing human criteria of judgment in the form of reason upon God.

Thomism and Boston Personalism are very different in some ways but resemble each other in that they "both affirm the existence of God on the basis of inference from data

³⁹ Cf. Ibid., p. 60.

⁴⁰ L. Harold DeWolf, A Theology of the Living Church (New York: Harper and Bros., 1953), pp. 96-103.

⁴¹ Cobb, op. cit., p. 74.

⁴² Ibid., pp. 82-83.

that are more immediately given than God."⁴³ They are the only two theological positions explored in this study which acknowledge reliance upon arguments for the existence of God.⁴⁴ Thus, they are speculative rather than descriptive in character.

Henry Nelson Wieman takes the position which gives emphasis to the immanence of God and utilizes a descriptive approach to theology.

As pointed out by Cobb, Wieman more accurately presents a philosophy of religion rather than a systematic theology. "However, he does provide us with some clear indication of the way in which his philosophy can function as a natural theology in relation to specifically Christian theology."⁴⁵

Wieman has attempted to avoid the speculative character of the other natural theologies and the arbitrariness of the positivistic positions--Barth representing one of these. The alternative Wieman uses is empirical description. His is an empirical theology which sees the world of substantial entities (stones, hooks, vegetables, human bodies, etc.) as "strands that in various conjunctions with one another and with strands of perceiving and feeling constitute events."⁴⁶

⁴³Ibid., p. 91. ⁴⁴Cf. Ibid., p. 88.

⁴⁵Ibid. ⁴⁶Ibid., p. 93.

Events are the conjunctions of such strands, or rather the events are the actualities through analysis of which we isolate these strands. A human person is itself one of these strands and not, as the Boston Personalists suppose, the inclusive event.⁴⁷

Events are qualitative in nature and constitute ultimate reality. No priority is given to either sensory or emotional elements. "They occur in conjunction, and this conjunction is the given reality itself."⁴⁸

God is seen as the creative source of good. Wieman identifies the good with qualitative meaning which is common to both events and strands. Meaning is a connection between "qualities [associated with events] now appearing and other qualities [associated with events] which are remembered or anticipated."⁴⁹

In recent writing Wieman has identified five aspects of those events in which qualitative meaning grows. The first is an expansion of the range of the individual's capacity to know, control, and appreciate. The second is [an] increase in the appreciative understanding of oneself and others as individuals. The idea of appreciation in both of these aspects includes the discrimination of positive and negative values. The third aspect of the creative event is a progressive integration of all that the person is acquiring. The fourth is increase in the capacity to meet suffering, failure, and death creatively. The fifth is the increase of freedom.⁵⁰

Wieman "examines the events of the becoming of greater good to identify structures common to all of

47 Ibid.

48 Ibid.

49 Ibid., p. 96.

50 Ibid., p. 99.

them."⁵¹

The occurrence of these structures he sees as sub-events within the inclusive event. The conjunction of these sub-events constitutes the common structure of all creative events. Thus that by which the creative event is characterized is a complex structure that as such is abstracted from the event and lacks the intrinsic value that can occur only in the concrete event itself. But the relation of this structure to the event is not of means to ends but of structure to totality. . . . This totality, which is precisely the occurring of the greater good, is God. Hence, devotion to God is devotion to that event which is the becoming of the greater good and which has, therefore, the full intrinsic value of that good.⁵²

Wieman therefore seeks to point man to that which is supremely worthy of devotion. This is identified as "the process of creative interchange in which the human good grows."⁵³ By creative interchange" Wieman means "any situation in which individuals encounter other persons or possibilities with openness and sensitivity."⁵⁴ The major enemy of creative interchange is rigidity which essentially involves being committed to limited values and being closed to new experiences and possibilities.⁵⁵

Wieman believes that every child's development offers us an example of creative interchange in which qualitative meaning increases. Hence the process that is God is fully accessible to our study. But Man's problem is that with the attainment of adulthood he

⁵¹ Ibid., p. 115., referring to Henry Nelson Wieman, The Source of Human Good (Chicago: University of Chicago Press, 1946).

⁵² Ibid., p. 115.

⁵³ Ibid., p. 117.

⁵⁴ Ibid., p. 98.

⁵⁵ Ibid., p. 99.

generally becomes closed to the further operation of creative interchange except in very limited ways. Our urgent need is to learn how to keep ourselves open throughout life to ever continued growth. To say this is to say that our problem is to achieve genuine surrender to the working of God in our lives.⁵⁶

Thus, God is seen as immanent in the human situation. On the other hand, Wieman insists on the transcendence of God (although he does not acknowledge a realm of being that transcends space and time) and "his whole theology is a rejection of a humanism in which God is identified with any function or possession of man."⁵⁷ Man cannot predict or control the working of God. Indeed, the effort to impose his own norms and his own ideals upon the course of events, however noble or worthy these may seem, is the one absolute evil.⁵⁸ However, Wieman's statement that he opposes any attempt to impose man's norms and control upon the course of events or the working of God seems to run contrary to his statement that God is process or "the occurring of the greater good." This statement seems to involve the imposition of man's speculation upon God. Thus, Wieman ceases to be descriptive at this point and becomes speculative.

⁵⁶Ibid., pp. 99-100, quoting Henry Nelson Wieman, The Directive in History (Boston: Beacon Press, 1949).

⁵⁷Ibid., p. 103.

⁵⁸Ibid., referring to Wieman, Source of Human Good, pp. 90-273.

Rather than saying God is the process it is better to say that God is most vitally involved in the "process of creative interchange in which human good grows." There may be a process of greater good occurring but to say that this is God lacks empirical proof. This would more accurately be a statement of belief inferred from empirical description. The closest that we can come in our human situation is to say that we believe God is most integrally involved in the process of creative interchange in which human good grows. That God is this process is not empirically provable either at the "level" in his being immanent or being transcendent.

An additional objection to the position of Wieman is the apparent dissolving of "persons into strands with less ontological reality than the events in which they participate."⁵⁹ This gives additional cause to question the idea that God is creative process.

The common methodological feature of Mascall, the Personalists, and Wieman is the following: Mascall bases the existence of God and his theology upon a world composed of entities which do not contain within themselves the basis of their own existence. Inferred from the existence of these entities is the ground of their being

⁵⁹Cobb, op. cit., p. 321.

which contains the principle of being and thereby is radically other from all the finite entities of the world.

For the Personalists, as defined by Brightman, the self is the only entity which is given to us and the study of it gives the most reasonable explanation of the activity of other selves and of the existence of a supreme self.

However, Wieman identifies the given as the qualitative flow of events and rejects the demand for explanation in preference for description of this process. He identifies the supremely valuable process as that which is supremely worthy of our devotion and as being God.⁶⁰

"A basic ontological judgment, expressing distinctive sensibility, mode of vision, or primitive datum, is the ground of the natural theology."⁶¹ We see this also in the theology of Wieman.⁶²

However, as argued by Cobb, the acceptance of Wieman's position does not depend upon prior acceptance of his ontology of events. His basic contribution of the description of the creative process is seen as compatible with varying ontologies.⁶³ Cobb, therefore, makes the following synthesis:

Within a more inclusive context the Thomist vision of God as the principle of being and the Personalist vision of God as supreme Person may be reconciled.

⁶⁰ Ibid., p. 118. ⁶¹ Ibid.

⁶² Cf., Ibid. ⁶³ Cf., Ibid., pp. 118-119.

Wieman's sensitive account of how good grows in human history may well contribute decisively to any understanding of how this personal principle of being acts among us.⁶⁴

Thus, one basic relevance of the theology of Wieman to this study is the relating of God to the processes of creative interaction between human beings and within them "intra-psychologically."

However, I agree with John Cobb that the Bible deals with selves acting and interacting. Individuals aren't focused upon in isolation, nor are their actions considered separate from other persons or from God. Nor is the Bible merely a flow of phenomenal events.

We may . . . say that Wieman has clearly identified that event which is intrinsically best. If any event is God, surely it is this supremely valuable one. But can any event as such be the object of our devotion? Is not devotion directed to persons who by their character or personality evoke our love and commitment?⁶⁵

Selves interacting and in dialogue at a depth level seem to be the focal point of God's action.

Thus, in acknowledgment that God has repeatedly revealed himself in the processes of creative interaction in Scripture, in history, and in the experiences of the present situation, man is confronted by the need and value of relating himself to these processes, and of discovering

⁶⁴Ibid., p. 119.

⁶⁵Ibid., p. 115.

ways to facilitate these at all levels of human interaction --the most primary being the family.

This means that if greater good is to be created in us and through us we must so relate ourselves to the creative process--God--that we will be continuously remade by it. This relation must be one of trust and devotion in the fullest degree. So long as we cling to the particular attainments that are already ours, whether they are the products of our own efforts or of the past working of God, we block the new working of God. Hence we cut short our own growth.⁶⁶

Existential theologians. In this section the thought of Søren Kierkegaard and Martin Buber will briefly be considered. One contribution of Paul Tillich will also be presented.

Kierkegaard did not attempt to construct a new theology but had as his problem that of how the individual human being might come to terms with the already defined Christian teachings.⁶⁷

Kierkegaard regarded the use of pure rationality in Hegel's speculative philosophy as useless and even harmful in the realm of Christian faith. Kierkegaard emphasized that Christian faith belongs to the sphere of inwardness and subjectivity.⁶⁸ "Faith is the decision of the subject to believe, and it is grounded only in the subjective existence of the individual."⁶⁹ Thus, the inner subjective

⁶⁶Ibid., p. 101, referring to Wieman, Source of Human Good, pp. 276-279.

⁶⁷Cf., Cobb, op. cit., p. 133.

⁶⁸Ibid., p. 134.

⁶⁹Ibid. Cobb stating Kierkegaard's position.

realm is seen as all important for Christian faith and the intellectual and scholarly work of Christian thinkers as useless in achieving this faith.

Kierkegaard turned to the inner life, especially his own, and explored it in depth. In The Concept of Dread, Kierkegaard expresses his inner search in theological terms. Dread is defined as the "psychological state which precedes sin," and "dread. . . [is] the consequence of that sin which is the default of the consciousness of sin."⁷⁰

He who is educated by dread is educated by possibility, and only the man who is educated by possibility is educated in accordance with his finity, . . . only the man who has gone through the dread of possibility is educated to have no dread--not because he avoids the dreadful things of life, but because they always are weak in comparison with those of possibility Dread. . . [is] a saving experience by means of faith.⁷¹

Kierkegaard states that faith is the only thing which is able to disarm the remorse of dread. Faith does not annihilate dread but is continually developing itself out of the death throe of dread.⁷²

Kierkegaard found that by looking into the inner depths of himself and at his phobic fears (dread) that

⁷⁰Søren Kierkegaard, Concept of Dread (Princeton: Princeton University Press, 1944), pp. 82, 73.

⁷¹Ibid., pp. 139, 140, 141.

⁷²Ibid., p. 104.

there was a new awareness of possibility which "educated" one not to have any dread. This is comparable to the intrapsychic processes described in Freudian psychoanalysis and especially in Jungian analysis.

A major contribution of Kierkegaard was that he has enhanced the progress of speaking theologically about religious experience at a depth level within the inner "subjective" life of a person. However, "he dissociated faith from the communal and sacramental life of the empirical church . . ." ⁷³

Kierkegaard, as Barth did later, spoke of a huge chasm existing between man and God. For Kierkegaard the way the chasm was bridged in order to gain a belief in God was by a leap of faith. This leap of faith is a decision to believe and "live in subjective certitude." ⁷⁴ This faith evolves out of one's coming to terms with dread.

The major categories of thought coming from Buber center around the I-Thou relation and the I-It relation.

The I-Thou relation is any relation in which one is genuinely open to the concrete other as it is--open to letting it present itself on its own terms rather than categorizing it for purposes of utility or personal security. The I-It relation is any relation in which one imposes upon the other his own ends and meanings and in this sense reduces it to a mere object. ⁷⁵

⁷³Cobb., op. cit., p. 138.

⁷⁴Ibid., p. 136.

⁷⁵Ibid., p. 218.

When a person exploits another he is relating himself to the other person as an It. Buber states that a person can fulfill the I-Thou relationship with a person in ways that never are possible with things. Buber, however, stresses that one may have an I-Thou relation with a tree or poem and have an I-It relationship with a human being.⁷⁶

"As the I develops in the I-Thou relation it is brought into relationship, through the Thou, with a conceptually structured world of things."⁷⁷ Buber points out that "God is encountered as Thou when the world is encountered as Thou."⁷⁸ However, God is not just another name for the Thou quality of the world. God's reality is seen by Buber as being prior to a man's realization of God in the world.⁷⁹

Buber rejects Kierkegaard's individualism and states that genuine life can be achieved only in relationships and the mutuality of real community.⁸⁰

A further contribution of Buber's is found in his book Two Types of Faith. In this work he describes Emunah type of faith in which there is no beginning in time for the relationship of trust. With this type faith man finds himself as a member of the community of covenant which he

76 Ibid. 77 Ibid., p. 219.

78 Ibid., p. 220. 79 Ibid. 80 Ibid.

is included and determined as one of the whole. He is unconditionally accepted from the beginning as a member of the whole in a relationship of nearness to the members. However, there is arising out of the nearness an ultimate distance which cannot be overcome.⁸¹

In the other type of faith, Pistis, the relationship of trust is not entered into from the beginning of a man's life. Man is an isolated individual without a relationship of nearness to the whole. He is converted and joins with other converted individuals who form a community. The act of acknowledging the truth presumes that there has been distance between the subject and object. However, out of this acknowledgment intimate nearness and feelings of union can develop. The second type of faith begins at first as a Diaspora, followed by a state of diffusion and finally conversion occurs. Involved is a facing-about and believing through an act of acceptance of an acknowledged truth.⁸²

Buber states that the first kind of faith is represented among Jews and the second among Christians, especially those whose religious experience and theology is

⁸¹Martin Buber, Two Types of Faith (New York: Harper and Bros., 1951), pp. 26ff., 170-174.

⁸²Ibid.

similar to Paul's. Jesus is placed in the realm of the first type of faith and Paul within the second. Those of the first type may be called "once born" and those of the second "twice born."⁸³

A contribution by Paul Tillich which may serve as a guideline for the minister-counselor in relating theology to experience (in other words, thinking and speaking theologically about experience) is the "method of correlation." Tillich states the "method of correlation 'explains the contents of the Christian faith through existential questions and theological answers in mutual interdependence'."⁸⁴

Paul Johnson, in Person and Counselor, relates this method of correlation to the practical experience of a minister counseling a person.

If we come to a pastoral counselor, we may be openly seeking a theological answer to the dilemmas of our human existence, for the pastor is at work on these human boundaries where we ask theological questions and search for the larger meaning of the human venture. The spirit of man has a capacity for transcendence, for rising above the one-by-one date and details of existence into a larger perspective, for seeing the overall meaning and holding the flux of moments and events in a unity of dynamic wholeness . . . the pastor is prepared to "interview" this

⁸³Ibid., Cf. pp. 116, 170-174.

⁸⁴Paul Tillich, Systematic Theology (Chicago: University of Chicago Press, 1951), I, p. 60.

transcendent quest with the person in counseling by a theological method known as correlation.⁸⁵

The method of correlation points not only to speaking about God and one's existence in a transcendent and wholistic fashion but relates one to God's immanent involvement at a depth level on the human boundaries of interaction and change intrapsychologically and interpsychologically (in other words, within one's inner life and in one's outer life in interaction with other selves.) This is encouraged as we learn to speak theologically about our experiences at all levels of human existence.

II. THEOLOGICAL REFLECTION AT A SOCIOLOGICAL LEVEL

Harvey Cox, in his book The Secular City, explores the nature of the modern city and its problems, using the theology of Karl Barth as a basis for his theological reflection and development.⁸⁶

Cox writes that

The triumph of Barth's theology is a God who doesn't need man; therefore he can let man live. Only when God and man have been fully differentiated from one another can God come near to man without limiting and oppressing him.⁸⁷

We therefore see that Cox, using Barth as a foundation, emphasizes the freedom of a distant, transcendent God who

⁸⁵Paul E. Johnson, Person and Counselor (Nashville: Abingdon Press, 1967), p. 58.

⁸⁶Cox, op. cit. ⁸⁷Ibid., p. 82.

also comes near to man--being immanent in a partner relationship.

Partnership implies that there is more interaction and close involvement between men and between God and man. Therefore, a partner relationship, involving at least two parties closely interacting with each other, would seem to have much in common with the healing and koinoniac functions of the church. In addition, a partnership relationship with God would imply that he is not only transcendent but very immanent in human relationships.

Cox, in his exploration of the partnership relationship between men and between man and God, makes a significant contribution in his consideration of the I-You relationship. This will now be explored in further detail.

Harvey Cox points out that in a "technopolitan culture both horizontal kinship and vertical patterns are disappearing. What replaces them is a work team."⁸⁸

He states that the modern work team, such as a team of physicists working on a research project, is task oriented and the team members experience each other in relationships of "alongsideness."⁸⁹ These may be better described as I-You relationships rather than the I-Thou

⁸⁸Cox, op. cit., p. 263.

⁸⁹Ibid.

type which characterize "a society marked by vertical authority" of the previous period of town culture and individualism.⁹⁰ In this period, man tended "to experience God in the classic I-Thou encounter [in which] . . . God is seen as another who has authority over me."⁹¹ This makes the relationship one of confrontation rather than alongsideness.

In this team work sense of alongsideness, a rewarding experience is derived out of work done well together. This work is "the key to their mutuality."⁹²

Cox indicates that this increasingly common experience of man is bound to change our symbolization and thinking about God.⁹³ Thus, in addition to the I-Thou relationship with God, we have an emerging sense of an I-You experience with him.⁹⁴ He goes on to state that in Galatians 4 that this I-You relationship is hinted at when man is spoken of as a son and heir.⁹⁵

The emphasis is on son as opposed to child, and on heir as having assumed responsibility. This implies that the strictly vertical relationship which informs a father's relationship to his minor boy is discarded for the adult partnership which obtains between a grown man and his father.⁹⁶

⁹⁰Ibid. ⁹¹Ibid. ⁹²Ibid., p. 264.

⁹³Ibid., pp. 162, 164. One example which Cox cites, regarding how man's experience reflects in his symbolization of God, is the calling of God, "Shepherd" by the Hebrew people to whom shepherding was their day to day work.

⁹⁴Ibid., p. 164. ⁹⁵Ibid. ⁹⁶Ibid., p. 264.

Through our technical age and secular cities Cox states that perhaps God is calling man to meet him first as a "you."⁹⁷

Like his relationship to his work partner, man's relationship to God derives from the work they do together. Rather than shutting out the world to delve into each other's depths the way adolescent lovers do. God and man find joy together in doing a common task. . . . God wants man to be interested not in Him but in his fellow man [the common task].⁹⁸

Through man meeting God as "you" he then experiences God face to face in an adult and responsible partnership. God therefore calls man into responsible adulthood as he works in team relationships with his fellow men and as a partner with God in a "common task."⁹⁹ God called man into responsible maturity through covenant relationships with himself first in the Old Testament and then through Jesus as the Christ in the New Testament.

Recent discussions of the concept of the covenant in the Old Testament suggest it means that Yahweh was willing to stoop so low as to work in tandem with man, to work on a team, no matter how poorly the human partner was working out. Whether or not this is true, it can certainly be said that in Jesus of Nazareth God did show that he was willing to take man's side of the unfulfilled covenant, to become a junior partner in the asymmetric relationship. . . . He is willing to put himself in the position of working within a group, of washing his fellow's feet and of needing someone to carry his cross.¹⁰⁰

· 97 Ibid. 98 Ibid., pp. 264-265. 99 Cf. Ibid.

100 Ibid., p. 264.

Cox attacks the existential writers as being "arcadian and antiurban" and marked for extinction with their thinking which "tends to be antitechnological, individualistic, romantic, and deeply suspicious of cities and of science."¹⁰¹ He goes on to propose that the metaphysical language of theology (especially involving the present trend of existential theology) needs to be replaced by political speaking about God. The metaphysical mode of theology is to be replaced by the political mode.¹⁰²

Paul Lehmann, Cox says, reminds us that politics was given its classic meaning by Aristotle.

For Aristotle, politics was "the science of the polis," the activity which used all the other sciences to secure not only the good for man but the good for the whole city-state, since that is naturally higher than the good of any one man. Lehmann suggests that what God is doing in the world is politics, which means making and keeping life human. Politics also describes man's role in response to God. It is "activity, and reflection on activity, which aims at and analyzes what it takes to make and keep human life human in the world." Theology today must be that reflection-in action by which the church finds out what this politician-God is up to and moves in to work along with him.¹⁰³

Central in the midst of this political mode of theological inquiry is "activity" and reflection upon this activity. Furthermore, the main purpose within this activity is what it takes to make and keep human life

¹⁰¹Ibid., p. 252. ¹⁰²Ibid., pp. 154-155.

¹⁰³Ibid., pp. 254-255, quoting Paul Lehmann Ethics in a Christian Context (New York: Harper and Row, 1963), p.167.

human. In doing this, as suggested by Cox, we must learn where the pain and the wounds are within human life and how God is seeking to work through and with urban technopolis man to heal these wounds in various ways at a multitude of levels in our social system and political life. As stated by Cox (as quoted in the first chapter of this dissertation on page 7) the task of the church is to help man locate the cleavages and to enhance and to work with the healing forces that God "working with man sets loose in the city."¹⁰⁴ In addition, Cox points out that the Bible and theology doesn't give us the specific answers as to where the cleavages and healing is going on in our present cities. He says that we must look to specialists in the study of urban life.

So, the aim of this study has been that of giving special attention to specialists within a certain "area of cleavage and healing" that relates to one of the most primary levels of human life. Besides giving consideration to the work of some of these specialists, a suggestion has been outlined as to how further exposure to the experts and their skills, by especially ministers, might be furthered at a community level.

This exposure, in addition, involves the active

¹⁰⁴Ibid., p. 133.

trying out of these skills with "these experts" and/or under their supervision.

As explored in the previous chapter, the team relationship is effective to the extent that there is a sense of functional congruency among the team members. This team rapport with relationships giving evidence of spontaneity, openness, and intimacy is very similar to a quality within Christian groups which is described by the Greek word koinonia--translated "fellowship."¹⁰⁵ For the Christian koinonia means a fellowship between men with a "vertical dimension."¹⁰⁶

Thus, "koinonia," which arises out of the close and intimate fellowship experienced in the early Church, would be a chief characteristic of a vital counseling team. A most important matter to be recognized as a determining factor in such a group experience is each individual's commitment to the fellowship (team) and to God who is "seen" at work in its relationships. This "awareness" of God may or may not be verbalized by the Christian minister or layman, but would be an inherent and active part of his perspective.

¹⁰⁵Cf., Ibid., p. 144.

¹⁰⁶Cf., Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), p. 46.

A family involved in counseling would not only witness a relationship of koinonia between the team members but would also directly experience it through their interaction with the team. In other words, the koinoniac function of the team to the family "is 'hope make visible', a kind of living picture of the character and composition of the true city of man for which the church strives."¹⁰⁷

More directly related to the counseling of individuals and families is the diakonic function of the church which "refers to the act of healing and reconciling, binding up wounds and bridging chasms, restoring health to the organism."¹⁰⁸ This function is represented in the New Testament story of the Good Samaritan. Involved in this is communication which brings the fragmented pieces into harmonious relationship and into a functioning whole. "Healing means making whole, restoring the integrity and mutuality of the parts."¹⁰⁹

The most "pervasive cleavage" is that which is between God and man. This is described as a "gap" between man and God by Barth, and that this chasm has been bridged by God in Jesus Christ.¹¹⁰ The minister through the function of counseling would see this as a major way of

¹⁰⁷Cox, op. cit., p. 144.

¹⁰⁸Ibid., p. 132.

¹⁰⁹Ibid.

¹¹⁰Ibid., pp. 81-82.

enabling "God in Jesus Christ" to bridge this chasm. The minister's primary model, basic for assisting in the process of "making whole," is the ministry of Jesus as he involved himself directly in being a channel for God's spirit in effecting physical, psychological, and spiritual healing.

Another major function of the Christian church and its ministry is expressed in the Greek word Kerygma which means "message." This function involves the proclaiming, in other words the spreading or "broadcasting" of the message that in Jesus Christ God has bridged the chasm between God and man. God in bridging this separation between himself and man through Jesus Christ has defeated the "principalities and powers" and has enabled man to become the "heir" and master of the created world. This applies regardless of whether man sees God as transcendent or immanent.

Cox indicates that "principalities and powers" signify "all the forces in a culture which cripple and corrupt human freedom."¹¹¹ The "principalities and powers" focused upon by a counselor are those (the aspects of the individual and family psychopathology) which enslave an individual "from within" and "from without," keeping him from developing into responsible and generative adulthood.

¹¹¹Ibid., p. 128.

The achievement of health in place of neurosis on the individual level [emphasis is on both individual and family levels in this study] cannot be separated from the restoration of wholeness to the entire society. . . . Jesus dealt in his exorcism with the neurotic constrictions of individuals, but his whole life represented a kind of sweeping exorcism of the neurosis of a whole culture. He confronted demonic images and legalistic compulsions in such a way that people were liberated from both into a clear-headed and productive ways of life.¹¹²

The kerygmatic function manifests itself therefore as the announcement that the "work of liberation is now proceeding and gives concrete invitations to join in the struggle."¹¹³ It summons men to maturity in a responsible relationships with one another and God.

The kerygmatic, the diakonic, and koinoniac functions of the church are involved together in bridging the chasms between God and man, and in the relationships between men. The pastoral counselor in a specialized ministry of counseling would tend to place more emphasis upon the diakonic function by the nature of the way he functions through the counseling relationship. These functions however can never be fully separated from each other, and they mutually reinforce each other in the overall ministry of the church. An attempt to focus on one to the exclusion of the other functions would limit the one which is being focused upon, as well as the total ministry of the

¹¹²Ibid., pp. 152-153.

¹¹³Ibid., p. 128.

of the church in "making and keeping human life human."

The predominant emphasis within the ministry of our Protestant churches has been upon the kerygmatic or proclamation function. With the increase of massive urbanization and the weakening of family and community structures of the previous rural and town culture, the church's continued utilization of proclamation (essentially preaching and teaching) alone is grossly inadequate by itself to meet the extensive problems of individuals and families. In view of the growing problems of our urban populations, the need is very urgent for the church to balance out its ministry between the three functions of the church.

Within the team relationship a special opportunity is provided for balancing out these functions of the church in the counseling experience. To begin with, increasing the presence of koinonia by the fact of the team relationship provides a more intense and vivid representation of this function than is possible with the individual minister and/or counselor.

Overlooked, partly as a result of the influence of psychoanalytic and Roger's client-centered counseling theories and techniques, is the value of proclamation in the counseling experience. This is not seen as "delivering a sermon" in the counseling situation, but more in terms

of "dynamic structuring" in which the minister-counselor (within the context of the counseling situation and in relationship with the crisis conflict) summons the individual and the family to join in the struggle of resolving their distortions and destructive feelings which enslave them and points to the hope of the satisfying experiences of personhood possible within the family system. This is a specific call to the task of "making and keeping of human life more human" as mentioned above and which has been outlined by Paul Lehmann as the central aim of the church's activity as it engages men in mature teamwork relationships.

I would emphasize that the family unit is still the primary social unit of the technopolis and that the cleavages which exist in human life are reflected at multiple levels--intrapyschic and inter-relational in the family, team, and work relationships; both inter-relational and inter-group in the church, the community social and political life--and so on to every level of our social existence, right on up to our world order, where the cleavages are massive and grossly destructive. This leads me to venture the idea that the extent of the cleavages between men reflects the extent of our collective cleavage from God. The despair of this awareness (as Kierkegaard's consciousness of dread was an education to possibility) is a call

for modern man to develop fresh ways of speaking about God which recognize his involvement in the creative processes of human experience, not only at depth intrapsychologically but at all levels of man's social existence. An example of a fresh way of speaking theologically on a sociological level about God is reflected in Paul Lehmann's suggestion that what God is doing in the world is politics, which involves making and keeping life human.¹¹⁴ This would further suggest that God is very immanent in the processes of doing this in partnership with man.

Within the midst of these levels of human life the most primary and influential of all these is the one involving the family unit. "The family is the basic unit of growth and experience, fulfillment or failure. It is also the basic unit of illness and health."¹¹⁵ Therefore, overcoming the cleavages within the family system is a constructive endeavor which can serve as a force in resolving problems at other levels of human life. The conflict, distortions and divisions within family life and our urban culture seem mutually to reinforce each other much in the same manner as the psychopathologies within the intra-

¹¹⁴Lehmann, op. cit., p. 85.

¹¹⁵Nathan W. Ackerman, The Psychodynamics of Family Life: Diagnosis and Treatment (New York: Basic Books, 1958), p. 15.

psychic systems of family members mutually condition and influence one another.

We witness the fact that our scientific-technopolis age functions day after day in specialized teams within multidimensional "levels of systems." If a crucial problem needs solving within an area of scientific inquiry, it is focused upon with massive and detailed study of specialized research teams with considerable financial expense. For example, in the development of our "space program, if a special problem is encountered, a team of experts is assigned to the task of proposing solutions and then many teams at various levels are assigned to the task of testing out of these possible solutions.

However, we in our religious and mental health activities continue to function in a fragmented manner at a "horse and buggy level" in meeting the needs of families in a technopolis. A most crucial problem area, which needs the detailed attention of specialized "research and treatment teams," centers around the unique problems of the poor and culturally deprived. Here is a massive problem that involves the deep needs of persons, and the question which confronts the church is one of how relevant it is being in nourishing the healing process within the family unit at this social level as well as in all segments of our urban culture.

The aim of this study has been to help (through more specialized inquiry) the healing process to increasingly occur in the most primary social unit of human life. To this end the intensive study and action of teams at a community level in the helping professions is proposed as a necessary step in our urban-technopolis setting for "making and keeping human life human."

III. THE DEVELOPMENTAL PROCESS SPOKEN OF PSYCHOLOGICALLY AND THEOLOGICALLY

This closing section will consist of an attempt to speak of the process of a person moving through the stages of life in both theological and psychological terminology. As a stimulus for thinking and conceptualizing about this process, the following diagram is presented (see Figure 8). This diagram is not considered as being complete and necessarily accurate in all ways. It, however, has been used by the writer as a means of stimulating and unifying his thought. The different sections of the diagram in most instances are not thought of as being clearly differentiated from each other but as interpenetrating and overlapping each other.

The basis of the diagram stems from several sources. Combined in it are Buber's idea that "the I develops in the I-Thou relationship, through the Thou, with a conceptually

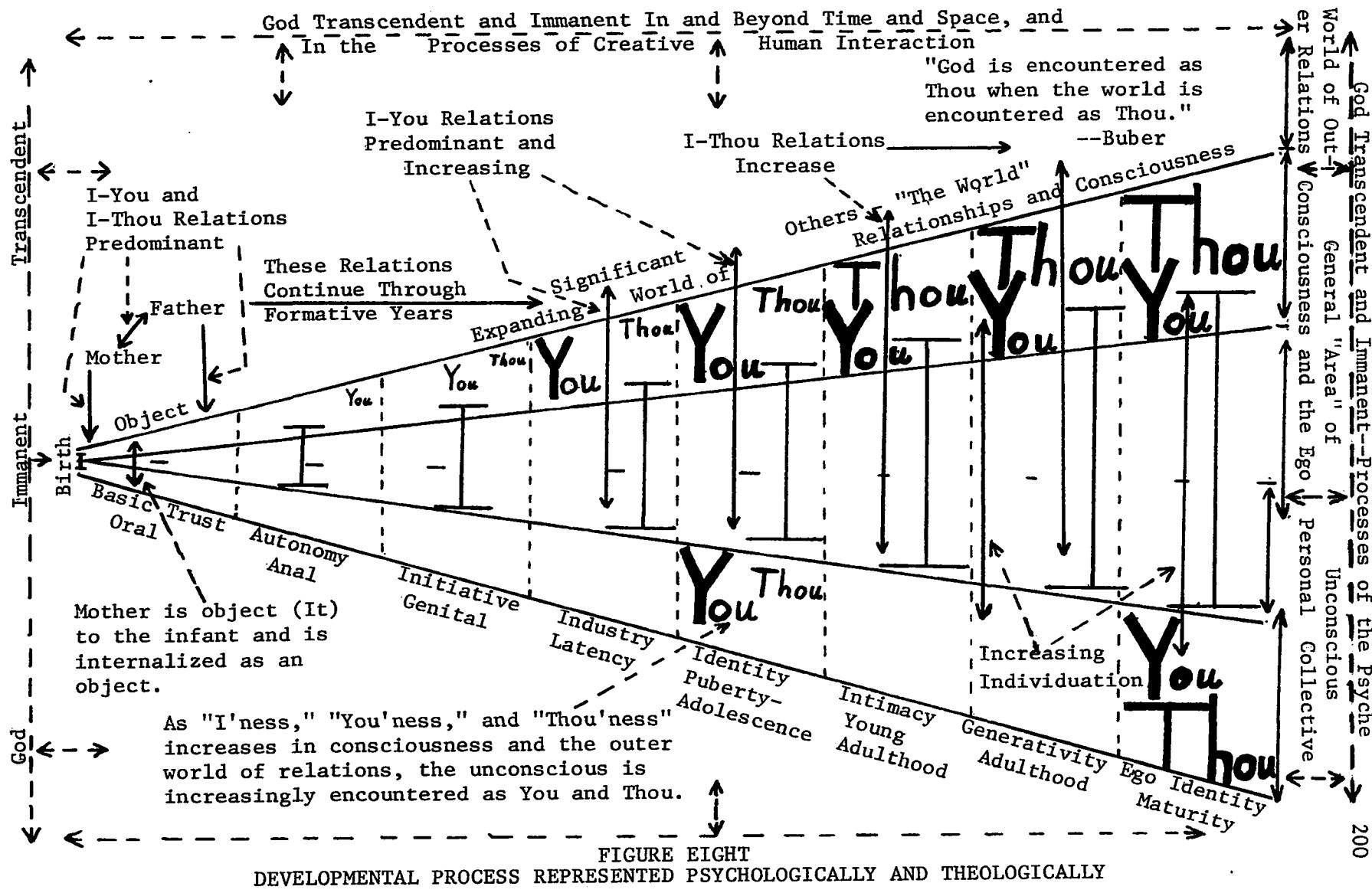


FIGURE EIGHT
 DEVELOPMENTAL PROCESS REPRESENTED PSYCHOLOGICALLY AND THEOLOGICALLY

structured world of things."¹¹⁶

However, the I-You relationship suggested by Cox implies that the I-You relationship can be a manner of relating to God. The intense group involvement of adolescents as part of their gaining identity suggests that I-You relationships may be a necessary involvement not only in developing their identity but in relating to the outer world of things and people. Furthermore, a sense of along-sideness (I-You relation) in play between children seems to begin early in childhood and be a foundation for more intense and complex I-You relations and for future I-Thou relations. In addition, the presence of parents creatively involved with their children in I-You relationships especially leads to the establishment of increased I-You and I-Thou relations. The increase of I-You and I-Thou relationships in the home would serve as a foundation for facilitating these same relationships with the wider world of people and ultimately with God. Thus, this process of growth in I-You and I-Thou relations seems to facilitate a person's ability to acknowledge God as "Thou." This means that one is more open to recognizing God's revelation when it occurs and thereby more able to respond and act according to this revelation. One is enabled to more clearly

¹¹⁶Cobb, op. cit., p. 219.

see what God is doing in the world and to join in his action.¹¹⁷ As man can see more fully what God is doing in the processes of interaction within and between human beings, he can better relate himself to these creative processes.¹¹⁸

My position is that besides the I-You relationship having value in its own right (Cf., Harvey Cox's book The Secular City) it is integrally involved in facilitating the development of the I-Thou relation and what this entails as described by Buber.

The I-Thou relation is any relation in which one is genuinely open to the concrete other as it is--open to letting it present itself on its own terms rather than categorizing it for purposes of utility or personal security.¹¹⁹

In the stages of life a person may first be generally engaged with others in relations of I-It (infancy and early childhood), the I-You (childhood and adolescence), and finally I-Thou (adulthood) (Cf. to Figure 8). Other than during infancy, which would seem to entirely involve I-It relations, the other general age levels seem to show a predominance of the above mentioned type of relations. The predominance of I-Thou relations in adulthood would be an ideal goal.

¹¹⁷Cf., Cox using Barth as a theological basis.

¹¹⁸Cf., Wieman on p. 177 of this work.

¹¹⁹Cobb, op. cit., p. 218, and Cf., to p. 180 of this work.

I would submit that in just the mere process of meeting a stranger, that there is the sequence of his first being unknown and for that reason essentially an "It." He then becomes more of a "You," and as the other is more fully encountered and experienced he becomes a "Thou." Often in our social and work relationships the process of getting acquainted first involves doing something together, such as being engaged in some activity or task. There is a sense of alongsideness, rather than direct encounter, which may be called an I-You relationship as suggested by Harvey Cox.

The development of a sense of I'ness is seen as relating in psychological terminology to a person increasing in ego strength, in a sense of self identity, and in the individuation of the self.

Accompanying the development of the sense of I'ness is the movement of the person through the life stages outlined by Freud and Erik Erikson. The work of Fairbairn is related to the diagram at the point of his ideas about the child's the "object relationship" with the mother and "internalized object" relationships.¹²⁰

Jung's way of looking at the psyche with reference to the persona, the personal unconscious, collective

¹²⁰Fairbairn's internalized mother object is in some ways similar to Jung's idea of the "anima." Cf., pp. 19, 63-64 of this work.

unconscious, and the individuation process is used to establish part of the essential framework of the diagram.

The increase in the size of "I," "Thou," and "You" in the diagram is intended to indicate the increase in intensity and quality of I-You and I-Thou relationships and the sense of I'ness.

With the increase in the sense of I'ness is an increase in consciousness and individuation. God is seen as being both transcendent and immanent in the developmental process at all levels.

In the growth process the first step in moving to I-You and I-Thou relations seems to involve relating to another as an It. However, in forming I-You and I-Thou relations the "attitude" coming "from outside" the person relating at an I-It level seems to open the latter up to I-You and I-Thou relationships. This could be called the grace of God at work through the creative interaction of human beings. This might also be spoken of as the revelation of God, God's presence, the "spirit of Christ," or "God's love" through Jesus Christ at work in the processes of creative interaction.

For the infant, the I-Thou relationship established by or coming from the mother enables the infant in its symbiotic state of "It'ness" to experience basic trust and have the growing capacity for developing its own I-You and, ultimately, I-Thou relationships.

The sense of the family being solidly united is basic to a child's sense of securely participating (along-sideness and I-You relation) in the life of the family.

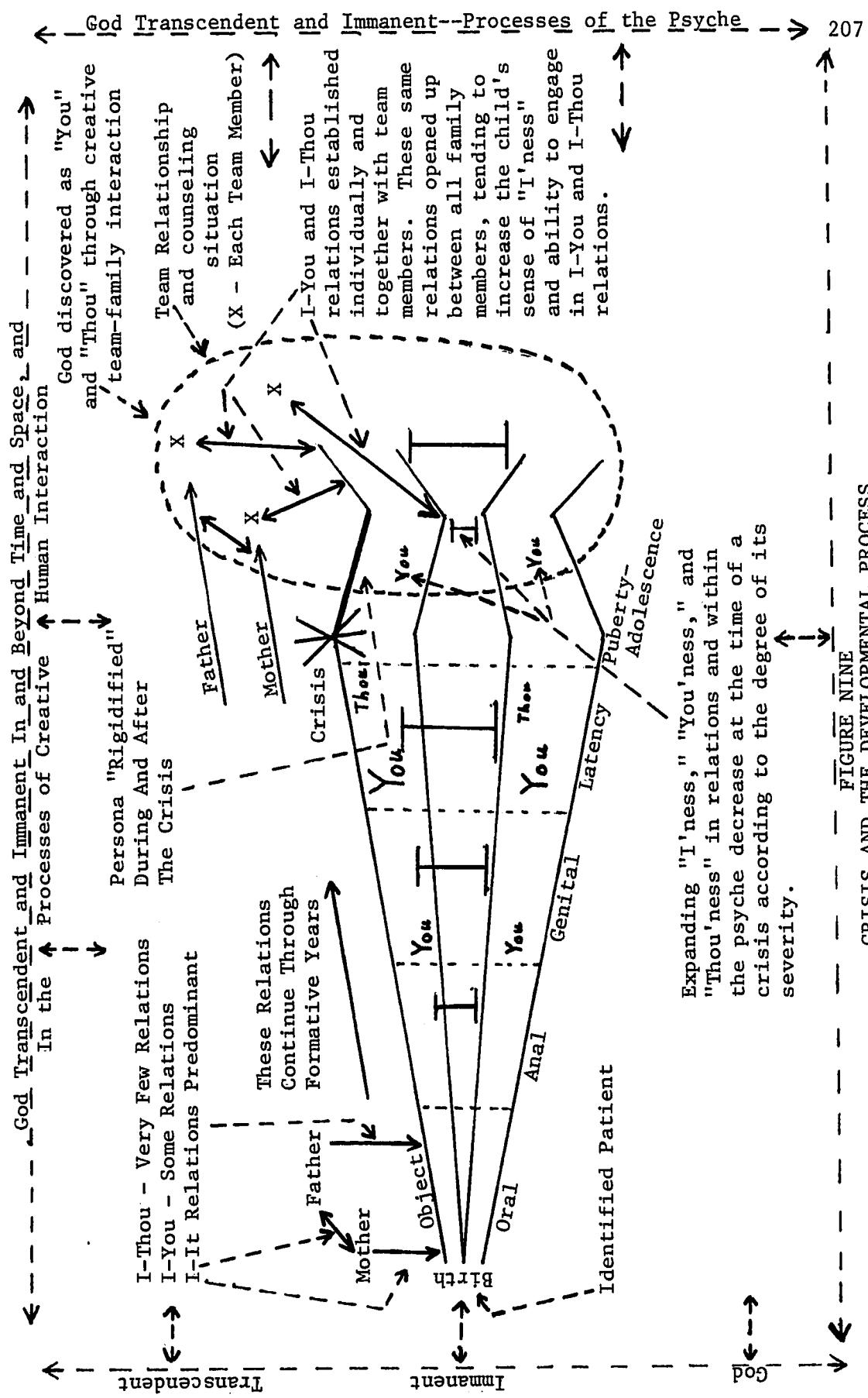
The development of the sense of alongsideness in the family is seen as crucial for the growing child in developing and being involved in experiences of alongsideness with peers. This alongsideness, which during adolescence may take the form of "gang" relationships, helps the growing person to bridge the gap to establish a genuine sense of alongsideness with adults during especially his late adolescence and young adulthood.

Involved in expanding one's relationships outside his family is the assuming of a persona or group role (social facade) as a mask which is worn in response to the "outer world" of social relationships. Group roles are continually being experimented with during childhood, adolescence, and young adulthood; and are continually being modified by family and "social pressures."

The lack of alongsideness or the formation of I-You relationships for one reason or another may inhibit the formation of I-Thou relations. In addition, there may be involved the rigid formation of the persona or social facade to compensate for a weak sense of I'ness and alongsideness. With a weak sense of I'ness the "I" or self may become firmly identified with the persona rather than being

integrated with the "total personality," especially the unconscious. If this occurs the "I" becomes solidly attached to the persona and there is little "room" (background or experience) for the existence of I-You and I-Thou relationships (Cf. Figure 9). The Persona needs continually to be interpenetrable and under examination so that it is creatively involved in relation to the "I" or self. As the persona is interpenetrable it serves better as an aid in initiating and maintaining creative social interaction. If the persona becomes rigid and is not interpenetrable it blocks the formation of I-You and I-Thou relationships between the "I" and "significant others" in the environment. Thus, the persona can be a "vehicle" for reaching out and in establishing I-You relations. However, if the persona "dominates" the relationship or isn't interpenetrable it inhibits or prevents the formation of creative I-You and I-Thou relations. To the degree that the persona becomes a barrier to I-You and I-Thou relations with significant others it is a barrier to I-You and I-Thou relations with God.

At the time of a severe crisis which isn't successfully resolved, such as was considered in Chapter Five of this work, creative involvement in I-You and I-Thou relations is reduced and the sense of I'ness and personality integration is lessened (see Figure 9). At such a time



of crisis, one method of handling (coping device) the situation is to intensify one's persona or social facade to handle one's outer situation better and to also protect one's sense of I'ness. This may or may not work depending on many other variables. An example of utilizing the persona in dealing with a crisis for a delinquent adolescent may be that of "acting tough" in social situations (see Figure 9).

The role of the therapy team at a time of a severe crisis as explored previously would be to intercept the family at two essential levels; that of their individual psychopathology and that of the family psychopathology. The team's aim would not only be to help the family with their I-You relationships by involvement with the team's creative I-You relations but would involve encountering each family member in an I-Thou relationship.

With an increase in I-You and I-Thou relationships in the family (accompanying the resolution of individual and family crisis conflict and psychopathology) the identified patient would be more readily sustained and assisted by the family in his I-You and I-Thou relations. This would reflect then upon his wider world of relationships and upon his relationship to God.

An individual working in isolation with the identified patient would find that his I-Thou relationship would

be hindered by the family's continued I-It level of relating. Also, the team brings to the counseling situation a model of I-You relations that isn't possible with an individual counselor.

In a time of crisis, accompanying the failure of the coping devices of an individual and a family would be the reduction of I-Thou relations first and then I-You relations. As the "breakdown" in family functioning increases there would be a reduction of their interaction to essentially I-It relations. For an individual suffering the breakdown of coping devices and those of his family system, there would be a weakened sense of I'ness. Furthermore, in order to protect the weakened sense of I'ness, the persona would tend to be "intensified" to protect the "I" from outside penetration from "others" in one's environment. Open, intimate, and spontaneous interaction with one's "outer world" would be inhibited and likewise access to one's unconscious processes would be stymied.

At the beginning of the process of getting acquainted with the unconscious, the "anima" of the man, for example, may first appear in dreams as an unknown or anonymous enemy which is essentially an "It." As one becomes more open and acquainted with it there may be a sense of alongsideness such as going someplace together or doing something together in dreams. Out of this there then may arise an

encounter with the "anima" as a "Thou."

Constriction of the I-You and I-Thou relations in the "outer world" is seen as inhibiting I-You and I-Thou relations in the "inner world." Lack of openness to the contents of the unconscious limits the sense of I-You and I-Thou relations "inwardly" and limits one's ability to engage in I-You and I-Thou relations with others in one's "outside world" and ultimately with God.

The intense relationship of the team with the family is seen by this writer as an opportunity to facilitate creative interaction involving ethical thinking and behavior. At times, this may take place in the team's relationship to the family as an emotional response of repulsion or pleasure in accepting or rejecting the ethical or moral nature of their thinking and behavior. This would be considered as functioning at the first level of moral discourse as outlined by Henry Aiken in his book Reason and Conduct.¹²¹

At other times the team in coalition with or without part of the family may act as a "moral judge" representing society. The "social press" of the "group" in this second level of "moral rules," as defined by Aiken, operates as a restraint upon the person rather than as an expression of

¹²¹Henry D. Aiken, Reason and Conduct (New York: Knopf, 1962), Chap. 4.

his inclinations.¹²² The type of counseling approach proposed by Glasser in his "Reality Therapy" runs the risk of functioning predominantly at this level of moral discourse (Cf., pp. 72-75 of this work).

On the other hand, the team may logically and impersonally reflect on the practicality and consequences of behavior and the rules of conduct by which the family functions. This would involve being impartial and objective in determining the validity of a rule of conduct under which the family or one of its members operates. Resulting from the family-team deliberation might be an "impersonal ought" as to what should be done individually or collectively.¹²³ This is similar to Kant's "categorical imperative" which emphasizes "duty for duty's sake." "Act only on that maxim whereby thou canst at the same time will that it should become a universal law."¹²⁴ Aiken defines this third level as that of "ethical principles." The absence of "ethical principles" interacting upon "moral rules" leads to the dying of morality by "sheer attrition."¹²⁵

¹²²Ibid. ¹²³Cf., Ibid.

¹²⁴George F. Thomas, Christian Ethics and Moral Philosophy (New York: Charles Scribner's Sons, 1955), p. 424, Immanuel Kant, Theory of Ethics (London: Longmans, Green, 1909), p. 21.

¹²⁵Aiken, op. cit., p. 78.

The vital impact of the team may especially be realized at the fourth level of moral discourse which Aiken calls the "post-ethical" or "human level." At this level "nothing can give them [commitments, moral rules, ethical principles] authority over my conduct unless I, in virtue of my attitudes and wants, am moved by them."¹²⁶ Thus, at this level one passes "beyond the bonds of 'propriety' or 'rationality' to the open ends of human individual feeling and aspiration."¹²⁷ To this "open end" I would add religious experience and belief, especially involving one's awareness and faith about God being involved in the creative processes of human interaction.

Thus, the involvement of the team with a family provides an opportunity to facilitate "moral discourse" at the four above mentioned levels. Furthermore, the context of the team-family relationship creates a functional setting for the "principle of reconsideration," also set forth by Aiken, to be actively utilized in examining these four levels. What the "principle of reconsideration" demands

when the question about the objectivity of a particular judgment or principle arises, is that we consider whether such a judgment or principle, as it stands, can be consistently upheld in the face of whatever other moral considerations might be thought, in conscience, to defeat it.¹²⁸

¹²⁶Ibid., p. 67.

¹²⁷Ibid.

¹²⁸Ibid., p. 163.

An integral involvement of the team in dynamic interaction with the family in I-It, I-You, and I-Thou relations is the concurrent involvement in the four above mentioned "levels of moral discourse" operating under the "principle of reconsideration."

In terms of Christian ethics the I-You and I-Thou relationship of the team-family interaction provides an intensive situation in which "Law" and "Gospel" may be dynamically brought into creative tension.

Thus, as expressed by Buber, genuine life can be achieved only in relationships and the mutuality of real community.¹²⁹ The task centered focus of the I-You relationship of the counseling team with each other and "in partnership" with God is the achieving of this "genuine life" experienced in creative I-You and I-Thou relations. This involves, in regards to this study, "making and keeping human life human" by a team of counselors engaging in creative processes of interaction with families in their severest times of crisis which are also unique times of possibility for the creative growth of family members with each other and in relationship with God.

¹²⁹Cobb, op. cit., p. 219.

IV. CONCLUDING REMARKS

A crucial question which may be raised about the intensive team approach proposed in this work is the extensive use of professional time and skill in one counseling situation. This is a justified issue to raise in view of the massive mental health needs of our communities. However, appropriate use of this approach, as not only a treatment but training resource, would have the value of increasing the number of professionals who can effectively counsel individuals and families.

The use of a team with a family in a crisis situation which also could be effectively resolved by one counselor, would be a waste of professional time and skill. However, if the psychopathology of a family is severe and the efforts of one counselor are relatively ineffective, there is not only a loss of professional time but the intensification of the family pathology--accompanied by a "possible destructive influence" on society, not to mention the loss of a family's possible "productiveness" to society.

Therefore, the team approach is seen as a ready resource in a community to be brought to the assistance of a counselor who (because of a limitation in counseling skill and/or because of the severity of the family psychopathology and crisis) finds that he is not able to help a family resolve a crisis or effect role-adjustments. It would only

be utilized as needed and would be terminated (with the family possibly continuing in counseling with one of the team members) as soon as the resolution of the immediate crisis and limited role-adjustments have been effected. The intensive team approach in this sense becomes a "specialized therapeutic agent" which not only helps to resolve an otherwise "impossible" counseling situation but serves as a learning and training experience for the professionals which are involved.

A major question which remains is at the practical level of how receptive ministers of local churches (with their exhaustive number of responsibilities in the "program" of the church) would be to such an approach. There are also possible unconscious factors which would limit the ability of many ministers to become involved in both a team's intimate, depth relationship and an intensive family counseling experience. This could be a separate study, and possibly one in which an intensive team approach involving ministers could make some significant contributions.

Still another question is how intensive counseling teams might be established in local communities. One of the major possibilities for team relationships to be established would seem to arise out of the contacts which a specialist in pastoral counseling, a psychiatrist, a psychologist, or a social worker might have with other ministers or pro-

fessionals in a community. More specifically, collaboration on referrals, seminars, and group consultations (with a psychiatrist, or psychologist, or pastoral counselor) are some experiences out of which effective team relationships could evolve.

Serious consideration of the preceding theological exploration and the primary position of the family unit (not only in relationship to the well being of our churches but our society) would seem to be a convincing challenge for the church, as part of their denominational structure, to increasingly engage specialists in pastoral counseling, and possibly intensive team relationships, to assist ministers who are facing crisis situations with families in their local churches. For some denominations who have already established counseling services as part of their conference, association, district, or presbytery levels of church organization, an intensive team approach might be an extension of their present "counseling ministry."

If the church (its ministers and members) is going to join in an active partnership with God focused upon "making and keeping human life human" by relating to the "deep needs" of persons, it can not merely relate "in general" to these persons but needs to engage them in creative interaction at specific points in their lives. The example of such a ministry is vividly portrayed in the life of Jesus

Christ, 1-30 A.D.

The writer, in viewing this work as a whole, sees a number of points at which this study might be further developed. These are as follows: (1) A presentation of a case study of a team working with a family actually in the midst of a crisis. The case study presented in this work involved a family who had just passed through the major portion of a crisis. The emphasis, as a result, was essentially on limited role-adjustments. (2) A thorough theological exploration of the nature of crisis. (3) A more thorough study of Christian ethics in relationship to the team's involvement with families, especially in terms of the I-You relationship, the I-Thou relationship, the formation of the persona, the individuation of the self, the "Law," and the "Gospel." (4) An more extensive study of the process of individuation for parents of families engaged in counseling with a team. (5) A more comprehensive study of the practical implementation of the team approach in relationship to local mental health services, local churches, local ministerial associations, and denominational structures.

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